



AAAA Retirement Fund for Member Agencies

LOAN REQUEST FORM

AGENCY/PLAN _____

PARTICIPANT _____ SSN _____

I request a loan from my vested account.

SIGNIFICANT FINANCIAL NEED:

AMOUNT OF LOAN \$ _____

INTEREST RATE _____ %

TERM OF LOAN _____ YEARS*

*(5 year maximum unless in connection with the purchase of a primary residence)

Payroll deduction repayment interval:

WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY OTHER _____

You have the option to receive your loan either by:

CHECK or DIRECT DEPOSIT

If you would like to have your loan sent by direct deposit to your checking or savings account, please complete the section to the right. There is no cost for direct deposit. To insure accuracy, please attach a voided check.

By signing this form, I am authorizing AAAA Benefits, Inc. to initiate credit entries or debit corrections to the

CHECKING or SAVINGS

account indicated and the financial institution named to credit the same to such account.

NAME OF FINANCIAL INSTITUTION/BRANCH:
CITY/STATE/ZIP:
BANK TRANSIT/ABA #:
ACCOUNT NAME:
ACCOUNT #:

The undersigned promises to pay the AGENCY/PLAN the total amount financed on the Federal Truth-in-Lending disclosure. The undersigned hereby assigns his/her entire vested interest in the retirement plan as collateral and agrees to pay all costs, expenses, and attorney's fees incurred by the holder thereof in any litigation or controversy arising from or connected with this loan. The Administrator will consider your loan to be in default if any scheduled loan repayment is not made by the end of the calendar quarter following the calendar quarter in which the missed payment was due. Please refer to the Summary Plan Description for more details.

SIGNED _____ DATE _____
(PARTICIPANT)

ACCEPTED AND APPROVED

SIGNED _____ DATE _____
(AGENCY/PLAN ADMINISTRATOR)