

# KLERER FINANCIAL SERVICES, INC.

3272 Merrick Road, Wantagh, New York 11793-4339

Insurance & Investments  
Employee Benefit Plans  
Financial Planning

Phone: (516) 409-5500  
Fax: (516) 409-6100  
E-mail: kfs@klerer.com

## DEFINED CONTRIBUTION SERVICE LOAN FORM

Please Type or Print Clearly

\_\_\_\_\_  
Plan Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street City State Zip Code

Complete the section below indicating the Fund Names and the amount to be withdrawn from each fund.

AMOUNT OF LOAN \$ \_\_\_\_\_ # OF YEARS OF LOAN \_\_\_\_\_ (Max 5 yrs)

# OF PAY PERIODS/YR \_\_\_\_\_

<u>Fund Name</u>	<u>Amount</u>	<u>Fund Name</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

### **PARTICIPANT AGREEMENT**

I agree to make interest and principal payments when due. I understand that failure to make such payments when due could jeopardize the status of this loan as a non-taxable transaction and could possibly result in the IRS treating these loan proceeds as a taxable distribution to me. I also understand that failure to repay this loan will reduce the benefits available to me from the retirement plan (by the amount of the outstanding loan balance plus accrued interest).

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I certify that the information contained herein is correct. I certify that the Participant has been provided with the notices where required and that the Participant's waiver of these rights and witnessed spousal consent have been obtained as needed. I direct the payment in accordance with the information provided on this form.

\_\_\_\_\_  
Signature of Authorized Plan Representative

\_\_\_\_\_  
Date

**A. Marital Status and Spousal Information**

1. Marital Status (Check one.)

**Note:** If you are in the process of divorce, you are still considered married.

a.  I am single. (Stop here. Return form to employer.)

b.  I am married. (Continue below.)

2. Spousal Information (Married participants check one.)

a.  My spouse consents to this loan. (If you checked this option, your spouse must complete Sections B & C.)

b.  My spouse cannot be located. I agree to inform the Plan Administrator if the location of my spouse becomes known. (Stop here. Return form to employer.)

c.  My spouse and I are legally separated and I have a court order to that effect.

**Note:** A qualified domestic relations order may require you to obtain your spouse's consent. (Stop here. Return form to employer.)

d.  My spouse has abandoned me and I have a court order to that effect. (Stop here. Return form to employer.)

**Spouse MUST Sign Consent and Have Signature Witnessed Below.**

**B. Spousal Consent**

I have been informed that this loan is secured by my spouse's vested accrued benefit under the plan. I realize that a failure to repay the loan may reduce the benefits available to my spouse and me upon my spouse's retirement or other termination of employment. Knowing this, I voluntarily consent to the loan of plan assets to my spouse according to the terms of this Loan Application.

I agree to release and discharge the Trustee, Plan Administrator and Company from all liability for acting pursuant to this consent.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

**C. Witness of Spousal Consent**

Spousal consent must be witnessed by a Notary Public **OR** an Authorized Company Representative.

**Witnessed by a Notary Public**

**-OR- Witnessed by Authorized Company Representative**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date

**D. Loan Authorization**

The Trustee is hereby authorized to make the loan as requested to the participant.

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Date