SPECIALIZED
TRUST COMPANY

Individual 401k Loan Application

IMPORTANT INFORMATION

See current fee schedule for associated fee(s).

PART 1: ACCOUNT HOLDER INFORMATION

NAME	ACCOUNT NUMBER
ADDRESS LINE 1	
CITY / STATE / ZIP	
PHONE	EMAIL

PART 2: APPLICATION FOR PARTICIPANT LOAN

PPC CLIENT NUMBER

Please verify that you have sufficient settled funds in your account to make this investment. Insufficient funds will delay your investment. There is a 5 business day hold on all funds that are not received by Wire.

AMOUNT OF FUNDING REQUESTED

$

☐ **Send these funds by check (Fees apply)** *PLEASE SELECT A CHECK TYPE AND MAILING METHOD BELOW*

CHECK INSTRUCTIONS

MAKE CHECK PAYABLE TO	MAILING ADDRESS	
CITY	STATE	ZIP

Send this check by: ☐ **Regular Mail** ☐ **Overnight Mail** **FEES APPLY* ☐ **Cashiers Check** **FEES APPLY **INCLUDING PRIORITY MAIL*

☐ **Send these funds by wire** *DOMESTIC ONLY - PLEASE ATTACH A WIRE INSTRUCTION SHEET IF AVAILABLE*

WIRE INSTRUCTIONS

RECEIVING BANK NAME	ABA# (BANK ROUTING NUMBER)	
BENEFICIARY NAME ON ACCOUNT	BENEFICIARY ACCOUNT NUMBER	CONTACT PHONE NUMBER
BENEFICIARY ADDRESS		
CITY **REQUIRED*	STATE	ZIP / COUNTRY **REQUIRED*

IMPORTANT: The address listed under "Beneficiary Address" must be the beneficiary's personal or business address, not the receiving bank's address.

PART 3: PAYMENT INFORMATION

Please choose a method to pay for the $175 loan Set-Up and $100 Annual Loan Fees.

☐ **Charge the Credit Card on File*** ☐ **Deduct from my account**

BY ELECTING THIS OPTION, YOU AUTHORIZE SPECIALIZED TRUST COMPANY TO CHARGE YOUR CREDIT CARD FOR ALL FEES ASSOCIATED WITH THIS TRANSACTION

PART 4: LOAN AGREEMENT AND SIGNATURE AUTHORIZATION

IMPORTANT

PLEASE READ BEFORE SIGNING.

LOAN AGREEMENT

In applying for this loan, I acknowledge that I have been furnished with a copy of the Participant Loan Policy established by the Plan. If I am presently employed by the Employer sponsoring the Plan, I understand that the Administrator may at any time require me to execute an agreement to use payroll witholding or enter into an ACH agreement to make payments on the loan.

The amount of the loan is $_____ for a period of _____ months (if longer than 60 months, the purpose of the loan must be to aquire your residence).

I understand the Plan Administrator will provide any loan paperwork in reliance on the statements included with this application, which I certify are correct and complete.

I hereby authorize the Plan Administrator to verify the statements in this application and to obtain any information the Plan or its authorized representative may require in connection with this application.

EXECUTED this: _____ day of: _____ , 20_____.

SIGNATURE AUTHORIZATION

SIGNATURE OF APPLICANT	DATE
X	