

# PARTICIPANT LOAN REQUEST FORM

To be completed and signed by an Authorized Employer Representative

Authorized Employer Representative (print name)		Date
Company		
Fax	Phone	Email
Plan Name		
Participant Name	Birth Date	Hire Date
Mailing Address		SSN
Reason for Loan <input type="checkbox"/> Purchase of principal residence <input type="checkbox"/> Other Requested Loan Amount: \$ _____	Current outstanding loans or previous loan defaults? <input type="checkbox"/> Yes - Current loan balance of: \$ _____ <input type="checkbox"/> Yes - Loan Default amount of: \$ _____ <input type="checkbox"/> No current loans or previous loan defaults	
Hours worked in the current plan year <input type="checkbox"/> more than 999 <input type="checkbox"/> 501-999 <input type="checkbox"/> less than 501	Payment period of repayment amount <input type="checkbox"/> Repay via payroll deduction over _____ year(s). <input type="checkbox"/> Repay via payroll deductions of \$ _____ per payroll period.* <input type="checkbox"/> Other (please specify): _____	
Payroll Cycle <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly (day: _____) <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly Next Payroll Date _____	*Amount will change slightly once the interest rate is applied.	
<p>By signing this request form, the participant is responsible for the payment of the \$100 loan document preparation fee, regardless of whether the loan is subsequently taken, unless the employer wishes to pay it on their behalf. A billing will be sent with the loan paperwork for payment. The employer is responsible for ensuring the invoice is paid.</p> <p>Please refer to your company loan policy statement for a complete description fo the plan's loan provisions, including loan amounts, loan terms, interest rate determination and after-tax repayment provisions.</p> <p>I, the participant, certify that I have been provided with a copy of the plan's loan policy, have read and understood the terms of this Loan Agreement, agree to pay Atteberry/Searle, Incorporated for the preparation of any loan documents (regardless of whether or not I take the loan) and acknowledge that any loan not in accordance with the requirements outlined herein may be considered taxable income.</p>		
_____ Signature of Plan Participant	_____ Date	
_____ Signature of Authorized Employer Representative	_____ Date	

**Return Complete Form to Atteberry/Searle, Incorporated**

Mail To: Chris Huffstutter or Mark Fowler  
Atteberry/Searle, Incorporated  
3620 American River Drive, Suite 210  
Sacramento, CA 95864

Fax: 916-564-1492  
Phone: 916-564-1484  
Email: [chris@attsea.com](mailto:chris@attsea.com)  
Email: [mark@attsea.com](mailto:mark@attsea.com)