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APPLICATION FOR PARTICIPANT LOAN
 (Active Employees only)

Plan Name

Name: _____	Social Security #: _____
Address: _____	E-Mail Address: _____
Apt/Suite: _____	Date of Birth: _____
City, State, Zip: _____	Date of Hire: _____
Home Telephone #: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single

Withdrawal Amount: Maximum dollar amount available to me at the time of processing
 (Select one option)

Process a loan withdrawal for the following (exact) dollar amount: \$ _____

Process a loan withdrawal for the following dollar amount. However, if the amount requested is not available, please process the maximum available amount: \$ _____

Repayment Method: Payments will be processed as after-tax payroll withholdings in equal amounts over the term of the loan.

Desired Term of Loan: _____ Number of Years or _____ Number of Payments
 (Note: Maximum term is 5 years unless the loan is used to buy a principal residence)

The loan is is not for the purpose of purchasing my principal residence.

Payroll Frequency: Weekly Biweekly Semimonthly Monthly Other _____
 (Circle one) (please specify)

Desired Date of First Payroll Deduction: ____/____/____

DIRECT DEPOSIT(Optional)

Note: Direct deposit may not be available for all Plans. Please contact RPG Client Services Department to verify that this is an available option. Additional charges may apply.

Bank Name: _____

Bank Address, City, State, Zip: _____

Routing (ABA)#: _____

Account #: _____

Account Type: Checking Savings Other

SIGNATURES:

Participant:

I acknowledge that I have received and read the "RPG Loan Notice" available for download at <http://loannotice.rpgconsultants.com> and that it is my responsibility to make sure all loan repayments are made. I must notify my employer immediately if a payroll processing error results in a missed loan payment. I acknowledge that there may be one-time loan processing fee payable to RPG Consultants. I also acknowledge that the liquidation of an account is done pro-rata across all funds in your account and all money-sources in accordance with Plan provisions unless other written instructions are provided.

Date	Name (Please Print)	Signature
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Employer and/or Plan Trustee:

I am a Plan Trustee. As Trustee, I acknowledge that I am responsible for complying with the notice requirements of ERISA and for proper tax reporting and withholding. I also acknowledge that am responsible for all reporting and payment election requirements of the Internal Revenue Code and ERISA. I am aware that there may be a loan fee payable to RPG Consultants per our contract.

Date	Name (Please Print)	Signature
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or TPA Use Only		
_____	Name (Please Print)	Signature
TPA Fee	Vesting %	Date