

APPLICATION FOR PARTICIPANT LOAN

COMPANY NAME: _____

Participant's Name: _____ SS# _____

Purpose of Loan: _____

Number of Months/Weeks to Repay this Loan (maximum 60 months) _____ Months _____ Weeks

Requested Loan Amount

[] \$ _____ [] The Maximum nontaxable amount available.

NOTE: You may not borrow against amounts set aside for other payees under a Qualified Domestic Relations Order. Also, your Spouse's must consent to this loan, and your spouse must sign the promissory note. I agree to make interest and principal payments when due. I understand that failure to make such payments when due in immediate could result taxation of the outstanding balance of the loan. I also understand that failure to repay the balance of this loan will reduce the benefits available to me from the retirement plan equal to the outstanding balance of the loan

Signed: _____ Date _____

FOR COMPANY REPRESENTATIVE (Participants Do Not Write Below This Line)

Number of Pay periods in the year: 12 _____ 24 _____ 26 _____ 52 _____ Other _____

Amount of Loan Approved: \$ _____ Annual Interest Rate: _____ Prime +1 _____

Balance of unpaid loan outstanding (if any): \$ _____

Date of First Payroll Withholding _____ (approx. 6 weeks from date of this request)

Date

X _____

Signature of Company Representative or Trustee

X _____

Date faxed to CAI 714/669-0541

X _____

To be Completed by CAMPBELLS ADMINISTRATION INC. (Do not write below this line)

Present value of vested account balance: \$ _____

Amount of Loan Approved: \$ _____ Interest Rate: _____ Total # of Payments: _____

Loan date: _____ First payment date: _____ Maturity date: _____

Date

Third Party Administrator/Campbells Administration