

LOAN APPLICATION FORM

PARTICIPANT NAME & ADDRESS *(please print)*

Name:

Street:

City:

State:

Zip Code:

Social Security Number:

Daytime
Phone
Number:

I hereby request a loan for the following purpose:

Amount of Loan Requested: \$

Date of Loan Request:

Please complete either (a) or (b) below.

(a) The loan will be repaid with regular withholding of

\$

from my paycheck.

(b) The loan will be repaid within

months.

***** Unless this loan is for the purchase of your primary residence, the maximum repayment period is 60 months. *****

Signature of
Applicant:

Date:

Signature of
Applicant's Spouse:

Date:

If you have any questions about loans or how to complete this form, please contact **Amy McFarland**, your Plan Administrator, at (717) 273-8441, or by email-- amcfarland@benefitworks.com.

After Trustee approval, mail completed form to:
BenefitWorks P O Box 1209 Lebanon, PA 17042