DYATECH

LOAN REQUEST FORM

Company Name

PARTICIPANT INFORMATION

Social Security Number | Date of Birth | Date of Hire

First Name | MI | Last Name

Street Address

City | State | Zip Code | +4

LOAN AMOUNT

☐ Maximum Amount
Or
☐ Specific Dollar Amount $ _____

Notice: A $125 loan processing fee will be deducted.

LENGTH OF LOAN

Please indicate the number of months for repayment _____

(Maximum is 60 months or 5 years, unless the loan is to be used for primary residence. Please check this box ☐ if the loan is to Purchase Primary Residence.)

PARTICIPANT/SPOUSE AUTHORIZATION

☐ I am legally **not** married
☐ I am married and my Spouse's consent appears below

Signature of Spouse Date

Signature of Participant Date

Signature of Witness Date

This document must be forwarded to your Employer Representative for the retirement plan for their approval. Documents received without Designated Employer Approval will not be processed and will be returned to the employer, if entered, by regular U.S. Mail.

PLAN ADMINISTRATOR USE ONLY

*****Failure to complete this information in its entirety may delay processing.*****

Payment Frequency: ☐ Weekly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Monthly

Total Number of Payments: ____

Date of First Loan Payment ____ ____ ____ (M M / D D / Y Y Y Y)

Please pick a date 30-45 days from today for the first payment.

I authorize the above transaction and acknowledge that the information provided herein in complete and accurate.

Signature of Plan Authorized Signer Date

Printed Name of Plan Authorized Signer

Please fax completed form to 601-914-2329 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be returned to Plan Administrator for completion and discarded after 30 days of receipt if completed form is not received. For assistance with forms, please contact our Customer Service Dept. at 866-651-4222, ext. 400.