

**APPLIED PLAN ADMINISTRATORS LLC**  
**30600 TELEGRAPH ROAD SUITE 1130**  
**BINGHAM FARMS, MI 48025**  
**248-645-6145 Fax 248-642-2036**

**LOAN REQUEST FORM**

**Employer Information**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contract # \_\_\_\_\_ Asset Company \_\_\_\_\_  
*(You must be actively employed by this employer to qualify for a loan)*

**Employee Information**

Name of Employee: \_\_\_\_\_ SS#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Employee Mailing Address: \_\_\_\_\_  
Street City State Zip  
Employee Fax#: \_\_\_\_\_ Confidential Fax? Yes  No   
Email Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_  
Check to be mailed to Home Address: Yes  No  Other: \_\_\_\_\_  
If Rush delivery is required, please indicate Overnight Shipping # \_\_\_\_\_

**Loan Request**

Initial loan request?  No  Yes Revision Request?  No  Yes  Hardship Loan *(You must meet Hardship rules)*  
Reason for Loan \_\_\_\_\_  
Amount Requested: \_\_\_\_\_ *(Amount of loan cannot exceed 50% of vested account balance)*  
Outstanding Plan Loans?  No  Yes If yes, amount \_\_\_\_\_ Loan defaults in last 3 years?  No  Yes  
Payroll Frequency \_\_\_\_\_ Next Pay Date \_\_\_\_\_  
Number of years to pay back loan: *(Option of 1-5 years max. unless for the purchase of a house)* \_\_\_\_\_

By signing this application requesting loan documents, I agree to pay Applied Plan Administrators LLC. all applicable fees noted below.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

**NOTE:**

Loan Fee: **\$85.00** due upon return of this Loan Request Form for preparation of loan documents and amortization schedule unless automatically deducted from your account.

Revision Fee: **\$25.00** due upon return of this Loan Request Form for each revision to the original loan paperwork.

Annual Maintenance Fee: **\$50.00** per loan when there are 3 or more loans outstanding within a Plan year (\$150.00 minimum).