Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601) LOAN APPLICATION 888-976-8171



- To apply for a loan from the Plan, your financial institution information is required in Section 3.
- · Loan payments will be withdrawn from your checking or savings account on the first business day of the month.
- Five (5) years of plan participation are required in order to be eligible to request a loan.
- Members are not eligible if they have received an in-service distribution from the Plan during the previous 12 months.
- You may only have one outstanding loan at a time.
- Please return your completed form to the Fund Office: Plumbers & Steamfitters Local No.7 Annuity Fund, 18 Avis Drive, Latham, NY 12110.

Member Information (To be filled out by Member)	Please print clearly in CAPITAL LETTERS .		Marital Status ☐ Married ☐ Not Married
Social Security Number			
Last Name	First Name	e	MI
Mailing Address	City	State	Zip Code
() Daytime Telephone Number	()Evening Telephone Number	E-mail Address	
Request for Loan			
I request a general purpose loan fro	m my account in accordance with the terms of t	he Loan Program under the Pl	an as follows:
Amount \$ •	No loan in excess of the lesser of \$25,000 or The minimum principal amount of any loan is		
Term: Months •	The repayment period of any general purpose (5) years. The repayment period you choose You are allowed only one (1) outstanding lan outstanding loan.	must be in one (1) month incre	ements.

Please note that a one-time \$50.00 loan origination fee will be deducted from your Annuity Fund upon processing your loan.

? Financial Institution Information

Please complete below banking information to have your payment withdrawn from a checking or savings account. Please be sure to provide a voided check or deposit slip which will provide Transamerica the exact banking information needed. The debit will be processed on the first business day of each month. The amount that will be debited each month is your monthly loan payment.

	1224 MAIN STREET 10349976 RICHMONE W 12345 (IG4 125 D750 DATE—
	путьтни
	OKDE KOP
Type of Account (Select One):	DOLLARS (I)
	VIRGINIA CREDIT UNION Bank routing number
☐ Checking	Checking account number
☐ Savings	(251085P12) (00005550A) 10P2
·	
Member Signature I request the loan described above. I have read and agree to the terms	of the Loan Program under the Plan.
	via ACH. I authorize the Plan to withdraw my monthly loan payment from the ntil I give written notice to terminate it or until such time that the loan is paid in
understand that if I do not make up a missed payment by the end of th loan will be subject to automatic default and will be treated as a taxab amount. I understand that if I fail to repay the loan in full when it is of	ne required amount, I will be contacted to make up any payments missed. I also ne calendar quarter following the quarter in which the payment was due, the ble distribution and interest will continue to accrue on the defaulted loan due, any balance remaining on any outstanding loan will be subtracted from my ion due to me under the Plan. In the event that I am under age 59½, an additional
I understand that I must give advance notice to allow reasonable time Transamerica of a change in bank account information.	for my instructions to be executed and that I am responsible for notifying
your contact information, in order to have your request processed time	ant and provided an email address or if you have recently made changes to any o ely, <i>please have the notary stamp placed in the space provided below</i> . The Fund appropriate box in the Fund Office Authorization section of this form.
Signature of Member	Date (MM-DD-YYYY)
Print Name	Social Security Number
Notary Public Signature and Stamp	Date (MM-DD-YYYY)
Fund Office Authorization (Fund Office Use Only	y)
Authorized Fund Office Signature	

By initialing in the box to the right, I hereby also waive the Notary Public requirement for the Member's Signature [