LOAN REQUEST FORM 1165 (E) PLAN: EMPLOYEE

Employer Information

Account Number	Plan Number	Plan Name

Participant Information

Name & Last Name	Social Security	Amount Requested

Mailing address for check remittance	Marital Status	Hire Date (DD/MM/AA)
	Postal Code	Birth Date (DD/MM/AA)

Terms & Conditions

The Plan provisions allow you to borrow against the funds in your account. The maximum amount of a loan cannot exceed $ 50,000 or 50% of the vested balance in your account at the time of your application. The balance in your account will serve as collateral for the loan. The Administrator may, review this policy from time to time. You are require to sign a promissory note agreeing to pay the principal and interest of your loan at a fixed rate established on day the Administrator approves your loan. Payments will be deducted through regular payroll for a period of up to 60 months or up to the maximum term of the mortgage, if the loan was granted for the purchase of your principal residence.

[ ] 12 months [ ] 24 month [ ] 36 months [ ] 60 months [ ] _____ months

Sale of Funds

Your elective deferral contributions will be used for the disbursement of the loan. The trustee will sell the share amount invested in the mutual funds, in equal parts.

Loan Repayment

I understand and authorize loan repayments to be made by payroll deduction for each pay period in which a payment is due in accordance with the terms of the Promissory Note and Loan Agreement, starting with the first applicable pay-period following the date this loan is entered into or as soon as administratively practicable and continuing until the loan is repaid in full. I understand that loan repayments will be invested in the investment choices under the Plan in accordance with my most current investment election on file with the Plan Administrator. Payroll deductions for loan repayment shall take priority over deferrals to the Plan.

I understand that I may prepay the full amount of the loan at any time without penalty. No partial prepayments are permitted. Upon my retirement, death or termination of employment or termination of the Plan prior to the full repayment of the loan, the outstanding principal amount of the loan will be considered due and payable. My vested account balance will be reduced by the amount of outstanding principal balance of the loan before any distribution to me or my beneficiary, whichever is applicable. I understand and agree that I will receive with the loan proceeds, a Promissory Note as well as a Loan Agreement. I understand and agree that none of the terms or provisions of this Promissory Note may be waived, altered, modified or amended except in writing and duly executed by me and the Plan's Administrative Committee. I further understand my endorsement of the check representing this loan shall constitute my agreement to all terms of the Promissory Note and Loan Agreement.

I understand that I must be actively employed to be eligible for this loan and that if my employment status is changed to terminated, I have 90 days to repay the loan. I have read the Summary Plan Description, and understand the provisions of the Plan and the rules applicable to the loan. I further understand that failure to pay the same, could result in a taxable event and that benefits accrued in my account will be reduced by the principal and interest amount owed.

Participant Signature

I have read the Summary Plan Description, and understand the provisions of the Plan and the rules applicable to the loan. I further understand that failure to pay the same, could result in a taxable event and that benefits accrued in my account will be reduced by the principal and interest amount owed.

_____ _____
Participant Signature Date (MM/DD/YY)

Authorization

The Plan Administrator certifies that the evidence necessary was obtained to determine if this request fulfills all the dispositions of the Plan, according to the corresponding federal and state regulations. The Plan Administrator further certifies that to the best of his knowledge the participant can comply with the payment obligations of this loan. The Administrator approves the loan and therefore, requests Banco Popular as record-keeper and trustee of the plan to issue a check payable to the Participant.

1) Origination Date _____ (MM/DD/YY)
2) Principal $_____
3) Interest Rate _____%
4) Term (in months) _____
5) Payment Frequency _____
6) 1st payment date _____ (MM/DD/YY)

_____ _____
Plan Administrator Signature Date (MM/DD/YY)

_____
Printed Name