

## APPLICATION FOR PARTICIPANT LOAN

Name	
Social Security Number	
Nationwide Case #	
Street Address To Mail Check	
City, State, Zip	
Home phone / Work phone	
Loan amount requested Minimum loan = \$1,000	
Term requested Maximum term = 5 years	
Pay Frequency	
Last Pay Date	
Hire Date	
Birth Date	
Outstanding Loan Balance	
Email Address	

I hereby apply for a loan from the Plan. In support of this loan application, I attach such information which the Administrator may require to determine whether I qualify for the loan, including financial statements and tax returns. I also authorize the Administrator to secure any credit reports to determine my creditworthiness and ability to repay the loan. I hereby state and declare that I have a financial need for this loan.

In applying for this loan, I acknowledge that I have read the section of the Summary Plan Description governing Plan loans and have been furnished with a copy of the Participant loan program established by the Plan. I acknowledge that there are fees payable to Pinnacle Financial Services which will be deducted from my account balance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF YOUR FORM IS ILLEGIBLE OR INCOMPLETE  
IT WILL BE RETURNED TO YOU AND NOT PROCESSED**

You may fax this application to (561)547-4800