

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

P.O. Box 52417, Phoenix, AZ 85072-2417

PART 1. PARTICIPANT INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Postponement Duration

I hereby request that Horizon Trust Company postpone my Individual 401(k) Loan Payments for the following period listed below.

I elect to defer loan payments for: Months  Loan payment deferrals cannot exceed more than six (6) months.

Payment Continuation Information

At any time you may call our office to arrange for loan payment in full. Loan payments must be paid back at the percentage to the account within the plan borrowed from.

I have included a voided check with this form.

Loan Payment Start Date: (MM/DD/YYYY)	Loan Payment End Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Loan Payments should be made on the: 1st **OR** 15th  Individual 401k plan loan payments are made on a monthly basis.

Payment Allocation

I have included an updated Amortization Schedule.

Tax Deferred Payment Amount:	Tax-Free Payment Amount:
<input type="text"/>	<input type="text"/>

PART 2. PARTICIPANT AUTHORIZATION

Signature of Participant:	Participant Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>