

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

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101



COMPLETE THE FOLLOWING SECTIONS

As a participant of an Individual 401(K) account, you have the option to take out a Participant Loan from your plan. This loan may not exceed \$50,000 or 50% of your overall plan's market value. You are required to pay interest on the amount borrowed. The interest rate for your loan must at least be the Prime rate of interest and a reasonable rate.

If you wish to take out a Participant Loan, please complete the Loan Package in the following 2 pages. Before submitting your Loan Package request to Horizon Trust you must supplement the request with an Amortization schedule for the repayment of the loan.

Participant Loan Section Requirements

- | | |
|---|--|
| <input type="checkbox"/> 1. Amount of Loan | <input type="checkbox"/> 2. Period of Loan |
| <input type="checkbox"/> 3. Loan Execution Date | <input type="checkbox"/> 4. Name & Signature of Loan Applicant |
| <input type="checkbox"/> 5. Street Address of Loan Applicant | <input type="checkbox"/> 6. Social Security Number of Loan Applicant |
| <input type="checkbox"/> 7. Account Number & Percent of Loan from Tax Deferred Individual 401(K) Account | |
| <input type="checkbox"/> 8. Account Number & Percent of Loan from Tax Free Individual 401(K) Account <i>(ROTH, if applicable)</i> | |

Participant Information Section Requirements

- | | |
|---|--|
| <input type="checkbox"/> 1. Participant Name | <input type="checkbox"/> 2. Account # |
| <input type="checkbox"/> 3. Primary Contact # | <input type="checkbox"/> 4. HTC Deferred Account # |
| <input type="checkbox"/> 5. Birthdate | <input type="checkbox"/> 6. HTC Tax Free Account # <i>(ROTH if applicable)</i> |

Contributions to be Made

- | |
|---|
| <input type="checkbox"/> 1. Loan Payment Start Date
<i>Date needs to match start date on Amortization Schedule provided</i> |
| <input type="checkbox"/> 2. Day Going Forward for Each Payment
<i>Date of the month each payment will be due</i> |
| <input type="checkbox"/> 3. End Date for Loan Payment
<i>Date needs to match final payment date on Amortization Schedule provided</i> |
| <input type="checkbox"/> 4. HTC Tax Deferred \$ <ul style="list-style-type: none">• Amount of each payment that needs to be applied to your HTC Tax Deferred Individual 401(K) account• Amount of each payment that needs to be applied to your HTC Tax Free (ROTH) Individual 4014(K) account |
| <input type="checkbox"/> 5. Voided Check
<i>Attach a voided check for ACH details confirmation</i> |

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The loan terms and conditions, limitations, and payment frequency are determined by the plan administrator and documented within the Loan Policy. Loan payments must be paid back at the percentage to the account within the plan borrowed from. Individual 401(k) plan loan payments are made on a monthly basis. At any time, you may call our office to arrange for loan payment in full.

All accounts are required to maintain a minimum balance of \$500. If your request would drop your balance below this amount, your request may not be processed.

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"/>

PART 2. LOAN REQUEST INFORMATION

I hereby authorize Horizon Trust to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution. Until I give written instructions to the contrary, I direct the Custodian or Trustee to debit the amount requested as follows:

Loan Setup Information

Tax-Deferred Account #:	<input type="text"/>	Requested Loan Amount:	\$	<input type="text"/>
Tax-Free Account #:	<input type="text"/>	Requested Loan Amount:	\$	<input type="text"/>

! The maximum amount is generally one-half your vested benefit or \$50,000, whichever is less.

Length of Loan Term:	<input type="text"/>	Years	Is this loan for the purpose of purchasing your primary residence?:	Yes <input type="radio"/>	No <input type="radio"/>
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! The maximum term is five years unless the loan is used to purchase your primary residence.

Loan Interest Rate:	<input type="text"/>	%
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Loan Repayment Method

I hereby authorize Horizon Trust Company to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution. Until I give written instructions to the contrary, I direct the Custodian or Trustee to debit the amount requested as follows:

ABA (Routing) #:

Account #:

Account Type:

Checking

Savings



Please attach a copy of a voided check

Loan Repayment Schedule

I have attached an Amortization Schedule for my Loan.

Loan Payment Start Date: (MM/DD/YYYY)

Loan Payment End Date: (MM/DD/YYYY)



Individual 401k plan loan payments are made on a monthly basis.

PART 3. LOAN DISTRIBUTION METHOD

Option 1. Check to Individual Payee (See current Fee Schedule for applicable fees.)

Send check via: Regular Mail Overnight Mail (\$50.00) Cashier's Check + Overnight Mail (\$50.00)

Payee Name:

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Option 2. Wire or ACH to Payee's Bank

Bank Name:

Phone:

Check here if separate wiring instructions or additional information is attached.

Payee Name: (On bank account)

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Account #:

Type:

Checking

Savings

ABA (Routing) #:

Type:

Wire

ACH



If the ABA routing number provided accepts both wire and ACH transaction and the box above is not checked, funds will be sent as a wire. If the ABA routing number provided is not for a wire account, funds will be sent as an ACH.

PART 4. SPOUSAL CONSENT

I am the spouse of the Borrower named above. I hereby consent to my spouse's request for a loan from his or her vested account balance in the plan. I understand that by consenting to my spouse's loan request, I may be forfeiting benefits I would be entitled to receive when my spouse dies.

Single/No Spouse



If the plan is subject to annuity requirements and the Borrower is married, spousal consent must be provided below.

Signature of Spouse:

Spouse Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

PART 5. AGREEMENT & AUTHORIZATION

In applying for this loan, I acknowledge that I have been furnished with a copy of the Participant Loan Policy established by the Plan. If I am presently employed by the Employer sponsoring the Plan, I also understand that I must execute an agreement to use payroll withholding or enter into an ACH agreement to make payments on the loan. Additionally, I understand and agree to execute a pledge of 50% of my account balance as security for the loan. If I am married, the plan terms may also require that my spouse consent to the pledge.

I understand the Plan Administrator will make any loan in reliance on the statements on this Loan Application which I certify is correct and complete. I understand that I am required to create an Amortization Schedule and submit to the Plan Administrator. I hereby authorize the Plan Administrator to verify the statements in this application and to obtain any information the Plan or its authorized representative may require in connection with this application.

I acknowledge that I have read and understand Section 5: Distributions and Loans to Participants, of the Plan Document, and the terms and conditions of this loan have been set in accordance with the Loan Policy established by the Plan Administrator.

I acknowledge that the custodian serves only as the record keeper and depository for any loan payments. It is the responsibility of the Loan Administrator, as stated in the Loan Policy, to ensure all terms and conditions of the loan are met, including, but not limited to, determining whether the loan should be treated as a deemed distribution under Internal Revenue Code section 72(p).

Signature of Borrower:

Borrower Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

Signature of Plan Administrator:

Plan Administrator Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*