



Financial Group®

Retirement Financial Services
PO Box 2248
Fort Wayne IN 46801-2248
Phone 800 248-0838
Fax 260 455-6626

Trustee Directive for Benefit Payment

Loan Application and Trustee Directive for Payment

Participant Information

Our records will be updated to reflect the address given here.

Contract/Certificate number	
Plan name	
Participant name	
Address	
City, State	ZIP -
Social Security number	Daytime phone number
Date of birth (mm/dd/yyyy)	Date of hire
Alternate contact name	Alternate phone number
Alternate address	

Form and Type of Benefit Election

Purpose of loan: Purchase of principal residence Hardship (specify reason) _____
 Other (specify) _____
 I elect to receive a loan in the amount of \$ _____

Note: You may specify the sources (classes) only or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate section on page 23 and returning it with your distribution request. Otherwise, we will deduct from the first account with a balance completely depleting that account prior to moving to the next account, until the full amount has been withdrawn. Confirmation will be sent to the participant or trustee indicating how the withdrawal was processed and which accounts were used.

Payment Instructions

The check will be mailed to the participant's address as given in the Participant Information Section above.
 The check will be mailed to the Trustee.
 The funds will be sent directly to the financial institution listed below via ACH. *(If incomplete or inaccurate information is received, a check will be sent to the participant.)*

ABA number (nine digit bank routing number or attach a voided check)
 Account number Checking Savings
 Account owner name
 Financial institution name
 Address
 City, State ZIP -

Vesting

Indicate the number of hours worked year to date _____
 Is there an outstanding loan? Yes Outstanding loan balance: \$ _____
 No

To be completed by plan administrator/ third party administrator.

Indicate percentage vested by source below:

Employer (A)	Employer Discretionary (C)	Employer Matching (D)	Bundled (L) (Employer & Employee)	Employer Secondary Match (U)

Complete the back of this page.

Loan Repayment

Payments must be made at least quarterly.

Payment amount \$ _____ Date of first payment _____

Number of payments _____ Rate of interest _____

Payment frequency:

Weekly Bi-weekly Semi-monthly Monthly Quarterly

Repayment of the loan may not exceed 5 years, unless the loan is for the purchase of a principal residence. If payments are not made at least quarterly, the loan is considered in default and the remaining principal balance plus the interest accrued up to the loan's default date will be reported to the IRS as taxable income for that year.

Signature/ Authorization

By signing below, you agree that the information above is complete and accurate.

Participant/Beneficiary signature _____ Date _____

Check here if you do not have a living spouse.

By signing below, you, the spouse, agree and consent to the loan requested.

Spouse signature _____ Date _____
(if required)

Witness signature _____ Date _____

Plan representative or Notary Public

By signing below, you authorize Retirement Financial Services to process this loan.

Plan fiduciary signature _____ Date _____

TPA Authorization code _____ Initials _____ Date _____

If you are married and the vested account balance is \$5,000.00 or more, your spouse's signature may be required. Please check with your plan administrator.