

Request for Loan

Ameritas Life Insurance Corp. – Retirement Plans Division

P.O. Box 385017 / Birmingham, AL 35238-5017 / Phone: 800-277-9739 / Fax: 402-467-7952 / Email: RPContact@ameritas.com

1. Participant Information

Participant Name: _____ Social Security Number: _____

Participant Address: _____

Email Address: _____

Daytime Phone Number: _____ Date of Birth: _____

Marital Status: _____

2. Plan Information

Plan Name: _____ Plan Number: _____

Adjust Vested Percentage: _____% To be completed by Plan Administrator.

3. New Loan

a. Purpose of Loan: General Purpose Residential

b. I would like to have the following amount taken from my account:

Amount to borrow \$ _____

If loan amount requested is not available, please withdraw maximum amount available.

Maximum loan amount available

c. Length of Loan (*Maximum 5 years for general purpose*): _____ First Payment Date*: _____

*First payment date can not be more than 30 days from the date of request. If no date entered, first payment date will be 30 days from signed date.

d. Interest rate will be assessed according to the Plan document. Prime +1% Other _____

e. Repayment frequency: This is based on the company's payroll frequency. (*To be completed by Plan Administrator or Third Party Administrator.*)

Weekly Bi-weekly Semi-monthly Monthly Quarterly

4. Refinance Existing Loan

a. Additional loan amount requested* \$ _____ Loan Number: _____

*Interest rate will be assessed according to the Plan document.

If loan amount requested is not available, please withdraw maximum amount available.

Maximum loan amount available.

b. Length of Loan _____

Use Original Payoff Date

Maximum Length available not to exceed 5 years for general purpose loans

First payment to begin on* _____

*First payment date can not be more than 30 days from the date of request. If no date entered, first payment date will be 30 days from signed date.

c. Repayment frequency: This is based on the company's payroll frequency. (*To be completed by Plan Administrator or Third Party Administrator.*)

Weekly Bi-weekly Semi-monthly Monthly Quarterly

5. Delivery Instructions

Cash Proceeds Delivery Options	Cost to You	Information Required
Check – U.S. Mail	\$0.00	• Valid Address
Check – Federal Express overnight	\$25.00	• Street Address – No P.O. Box Allowed • Day Time Phone Number

6. Signatures

X

Signature of Participant

Date

X

Signature of Spouse *(if applicable)*

Date

X

Signature of Plan Administrator

Date

X

Signature of Third Party Administrator *(if applicable)*

Date

Please see fee disclosure for applicable fees.