

PARTICIPANT LOAN APPLICATION

Employer: _____

Participant Name: _____

Address: _____

City - State - Zip: _____

Phone Number: _____ SSN: _____

Loan Request Amount: \$ _____

Repayment Time: _____

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Next Scheduled Payroll Date: _____

I understand that:

- (i) A **\$75.00** processing fee, payable to EBSC, **must** be included with this form.
- (ii) No financial information is needed because the security for the loan will be my full account balance, not only my vested account balance.
- (iii) The scheduled form of payment will be made through payroll deductions.
- (iv) In the event of default on the loan or termination of employment, the outstanding loan balance becomes an immediate distribution and a taxable event to me.
- (v) An annual maintenance fee may apply, details will be sent with loan paperwork.

Participant's Signature

Date

Please return to: EBSC
Attn: Loan Processing
940 Industrial Drive South, Suite 111
Sauk Rapids, MN 56379