



Loan Request Form

Print Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Employer: _____

Please note: Complete the form in a legible manner. The processing fee for each loan is \$100.00. These fees will be deducted from your account upon completion of the loan request. The loan application forms will be sent to you to complete and send back to us. The ACH Direct Deposit Authorization Agreement is not required. Fill out the form, print it, sign it, then either fax the completed Loan Request Form to 919-942-2804 or mail the form to Plan Perfect, Inc., 1414 Raleigh Road, Suite 405, Chapel Hill, NC 27517.

1. Is this a new loan request? Yes No

2. Will this loan be used to purchase your primary residence? Yes No

3. Amount of Loan Request \$_____. The maximum amount you may request is generally one-half of your vested benefit or \$50,000.00, whichever is less. The minimum amount is \$1,000.00.

4. Term of Loan Request _____ year(s). The maximum term is five years unless the loan is used to purchase your primary residence, then up to 10 years. The minimum term is one year.

5. Frequency of Payroll: Weekly Biweekly Semimonthly Monthly

6. Next Payroll Date: _____.

7. Send the Loan Application to: My fax number _____

My e-mail address _____

Participant's Signature: _____ Date: _____



ACH Direct Deposit Authorization Agreement

- For your security, and to assure an accurate transfer of funds, complete this entire form in a legible manner and attach a voided check where indicated below.
- The routing and account numbers on this form must be identical to the routing and account numbers on your voided check.
- The payer name on the voided check must match the plan participant's name.
- If a voided check is not available, or if the account number or routing number provided on this form is different than on the voided check, include a letter from the bank or financial institution on their letterhead. Have the letter signed by an authorized representative of the bank and indicate the name of the account holder and provide the routing and account numbers to be used by Plan Perfect, Inc. for ACH purposes.

I hereby authorize Plan Perfect, Inc. to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking or savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

Financial Institution _____ Checking __ Savings __

Address: _____

City: _____ State: _____ Zip: _____

Routing Number:

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 Account Number: _____

This authority is to remain in full force and effect until Plan Perfect, Inc. has received written notification of its termination in such time and in such manner as to afford Plan Perfect, Inc. a reasonable opportunity to act on it.

Print Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Phone: _____ E-mail _____

Signature: _____ Date: _____

ATTACH A VOIDED CHECK HERE