



FMPTF 401(a) Defined Contribution or 457(b) Deferred Compensation
APPLICATION FOR LOAN

As a participant in the FMPTF program, I hereby request a loan described below. Loans take between two and three weeks to process after submitted to the FMPTF. A minimum loan amount of \$1,000 is required (minimum balance \$2,000 required). A \$125.00 loan process fee will be deducted from your account. I understand that my benefit check and the IRS Form 1099-R will be mailed directly to me at the address below:

Loans may not be partially pre-paid. Contact the FMPTF at retirement@flcities.com or (888) 945-7401 if you'd like to pay the loan off in full ahead of schedule. You may not receive another loan if you have previously defaulted on a loan with the FMPTF. Contact the FMPTF to learn the number of loans you may have outstanding at one time.

1. Plan Selection (please select only one checkbox – use a new form if you need another loan)

- 401(a) Defined Contribution
457(b) Deferred Compensation

2. Participant Data

Participant's Name: Social Security No.
Street Address: Phone Number:
City, State Zip: Birth Date:
Email address:
Approximate Hire Date at Employer Sponsoring this Retirement Plan:
Employer Sponsoring this Retirement Plan: I am a nonresident alien

3. Loan Information

Do you currently have an outstanding participant loan with this program, or another provider? Yes No
Have you had an outstanding participant loan within the past 12 months? Yes No
Indicate the reason for the loan: General Purpose Purchase of principal residence
Amount Requested \$ or Maximum Loan Available
Desired Loan Repayment Term: Note: 60 months is the maximum loan repayment period, Default is 60 months unless indicated otherwise

4. Payment Method – Loans must be mailed to home address for security purposes

- Check mailed to your mailing address above
I would like this check mailed overnight (additional \$20 fee applies reduces mailing time only, unavailable for PO Box addresses)

5. Participant's Certification

I wish to have my loan from the plan made as soon as possible. Therefore, I, hereby waive the 30-day time period otherwise required between the date the "Special Tax Notice" was provided to me and the date that my election regarding my disbursement is implemented.

In connection with this waiver, I hereby confirm the following:

I acknowledge receipt of a written "Special Tax Notice", informing me of some of the tax implications associated with the distribution options available to me; that I understand that I am entitled to a reasonable period of not less than 30 days from the date the notice was provided to me in which to decide on the available distribution options.

I hereby request a participant loan. I acknowledge that by cashing the loan check, I consent to repay this loan according to the terms of the Amortization Schedule, and the Truth-in-Lending Disclosure. I understand this must be repaid through payroll deductions. I understand further that, in addition to the loan proceeds, a non-refundable loan processing fee will be deducted from my account.

I understand that fees associated with my loan will be deducted from my account and that I can contact the FMPTF for more information. PARTICIPANT – PLEASE SEND FORM TO THE EMPLOYER.

Participant Signature (physical signature required)

Date

6. Employer Sign-off

I confirm that the below information is accurate:

Select how employee is paid: Weekly (52 per year) Twice monthly (24 per year) Bi-weekly (26 per year)

Participant Date of Hire

Vesting % (for 401a only)

Employer Signature

Date

Name/Title

Employer: please send the paperwork to FMPTF by one of the following methods:

Mail:	Fax:	Encrypted Email:
FMPTF c/o DC Program PO Box 1757, Tallahassee, FL 32302-1757	850-222-3806 (ATTN: DC Program)	retirement@flcities.com

For FMPTF use only

Authorized Signer/Name

Date

Interest Rate to be charged

Prime + **0.5** %