



HCS RETIREMENT SERVICES, LLC

1095 South 800 East
Orem, UT 84097
Phone (801) 224-1900
Fax (801) 224-1930
www.mycpa.com

Loan Application

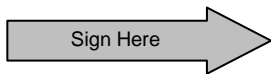
EMPLOYER: _____	PLAN: _____
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PERSONAL INFORMATION	
Last Name: _____	S. S. #: _____
First Name: _____	Date of Birth: _____
Address: _____ Email: _____	
City: _____	State: _____ Zip: _____
Phone : _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (spousal consent required)	

LOAN PROVISIONS	
Requested Amount:	
\$ _____ (\$1,000 Minimum)	or <input type="checkbox"/> Maximum Amount Available (we will calculate the maximum available to you)
Loan Payment Period:	
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Other: _____ (For purchase of primary residence only)	
Employer Pay Cycle:	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Requested Payroll Date of First Deduction: _____	

LOAN INFORMATION	
<ul style="list-style-type: none"> • Loan must be approved by the Plan Trustees. • Allow up to six (6) weeks after approval to receive funds. • A loan processing & administration fee shall be deducted from borrowed funds. • Loan interest rate shall be Prime + 1%, unless changed by the Plan Trustees. 	<ul style="list-style-type: none"> • Loan payments are made by payroll deduction only. • Payments are spread over five years or less, unless for purchase of primary residence. • Maximum available loan is ½ your vested interest up to \$50,000. • Return completed and signed form to HR/Payroll Department.

REQUIRED SIGNATURES	
Spousal Consent (Required with any distribution exceeds \$5,000)	
I certify that I am the Spouse of the above named Employee. I understand that my consent is required for this loan. I further understand and agree to the terms of this loan.	
WITNESS to Spousal Signature:	
Spouse Signature _____	Date _____
Notary Public or Plan Representative Signature _____	Date _____
Employee Authorization I understand that I am hereby applying for a loan under the terms listed above.	
Employee Signature _____	Date _____

TRUSTEE APPROVAL – SEND COMPLETED FORM TO HCS RETIREMENT SERVICES FOR PROCESSING	
Hours worked in current Plan Year: <input type="checkbox"/> Under 1,000 hours <input type="checkbox"/> Over 1,000 hours	
This Loan Request is : <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
	Trustee Signature _____
	Date _____