



Social Security #:

Employee Name:

Last

First

Middle

I INSTRUCTIONS

Only use this form when the Loan is both for a Principal Residence and is to be repaid over a period that is greater than 5 years.

All other loans must be requested through the Voice Response System including a Principal Residence loan that is for less than 5 years. All other loans are required by the Internal Revenue Code to be repaid within a 5-year period.

Amount of Loan Requested (Select one):



All Available Funds

Total Repayment time period:

Months /

months =

years

(more than 5 years but no more than 30 years)

You may call the automated Voice-Response System or Participant Web site for "what if" analysis for possible repayment schedules on loans of this type. The interest rate modeled on the VRS system might be different than the actual rate applied to this loan.

Your loan payments will include interest and be paid back to your account. Your interest rate will be established on the day this request is processed by ADP. The interest rate applied to loans is based on the prime rate as published in the Wall Street Journal on the 14th of each month. See your Summary Plan Description for details of how the interest rate is calculated for your plan. This rate becomes effective for any loans processed on or after 16th day of the month. Once the loan rate is established and the loan rate is approved, this rate will not be changed during the term of the loan.

II PARTICIPANT CERTIFICATION

I certify that this loan will only be used for the purchase of my principal residence. I understand that if this certification is untrue I may be subject to taxes and penalties as described in the Internal Revenue Code.

Signature of Employee/Participant

Date (mm/dd/yyyy)

III PLAN ADMINISTRATOR CERTIFICATION

The undersigned has determined that this loan will be used for the purchase of a "principal residence." (This would include but is not limited to, a house, condo or mobile home that the participant will use as their primary home. It would not include for example, a vacation home, construction of garage, barn or other home improvement.) The undersigned acknowledges that he/she has been advised to consult with legal counsel on any questions regarding this certification.

Signature of Plan Administrator

Date (mm/dd/yyyy)

FOR PLAN ADMINISTRATOR USE ONLY - THIS SECTION MUST BE COMPLETED OR THE FORM WILL BE REJECTED

Recordkeeping Plan #

Date Received (mm/dd/yyyy)

Plan Administrator Approval