



Participant Name: \_\_\_\_\_

Participant's SSN or ITIN: \_\_\_\_\_

**SECTION 4 – LOAN TERMS**

I intend to use the loan proceeds to purchase my primary residence.       YES       NO

*A failure to check a box means NO.*

If you checked YES above and your loan is for greater than \$5,000:

Loan Repayment Period: \_\_\_\_\_ year(s) (a period up to 30 years—Residential)

*A failure to enter a repayment period shall result in a 30-year repayment period being selected.*

If you checked NO above, you select a loan repayment period of:

Loan Repayment Period: \_\_\_\_\_ year(s) (a period up to 5 years—Personal)

*A failure to enter a repayment period shall result in a 5-year repayment period being selected.*

How often are you paid?: (Check one)       weekly       biweekly       semi-monthly       monthly

**SECTION 5 – PARTICIPANT’S ELECTION TO WAIVE A QUALIFIED JOINT & SURVIVOR ANNUITY**

- **Complete this section only if the spouse’s consent is required by the Plan. Please check only one.**
- If you check “I have a Spouse,” the Spouse’s notarized consent must be completed in the Spouse’s Consent Section.
- If you check any of the other elections, attach appropriate documentation, if applicable, and skip the Spouse’s Consent Section.

I certify that:

- I have a Spouse.
- I do not have a Spouse. (If your divorce is final and you have not married again, whether by ceremonial, proxy, informal, or common-law marriage, you do not have a Spouse. If you are separated, but not finally divorced, you do have a Spouse.)
- My Spouse cannot be located. I must inform the Plan Administrator if the location of my Spouse becomes known. *I understand the Plan Administrator may make an investigation as to the whereabouts of my Spouse.*
- A court determined that my Spouse and I are legally separated. *Certified copies of all court orders must be attached.*
- A court determined that my Spouse has abandoned me. *Certified copies of all court orders must be attached.*

**SECTION 6 – SPOUSE’S CONSENT**

**Complete this section only if the spouse’s consent is required by the Plan, and you selected “I have a Spouse” in the prior section.**

I am the Spouse of the Participant. I received the Plan’s *Explanation of the Qualified Joint & Survivor Annuity (QJSA)* and consent to the distribution indicated on this form. I understand that I have the right to have the Participant’s retirement benefit paid in the QJSA payment form, and I consent to give up those rights. I understand that by signing this consent, I might receive less money than I would have received under the QJSA payment form, and I might receive nothing after the Participant dies depending on the payment form or beneficiary that the Participant chooses. I understand that I may limit my consent to a particular payment form and a particular beneficiary.

\_\_\_\_\_  
Spouse’s Signature

\_\_\_\_\_  
Date

**This form will not be accepted unless it bears the Notary’s official seal. This form will NOT be accepted if the Notary is an employee of CitiStreet or any of its affiliates.**

***CERTIFICATE OF NOTARY PUBLIC***

I certify to the Plan Administrator that on the date written below before me personally appeared the above-named Spouse, personally known to me or satisfactorily identified to me, and he or she signed this document in my presence for the purposes stated by it, without any undue influence. My commission has not expired. In addition to any civil and criminal punishment that might apply under the laws of the state that appointed me as a Notary Public, I understand that under federal law if I made a false statement I can be fined \$10,000 or imprisoned for up to 5 years or both.

\_\_\_\_\_  
Signature and Seal of Notary Public

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_

Participant's SSN or ITIN: \_\_\_\_\_

**SECTION 7 – PARTICIPANT CERTIFICATION**

Your failure to complete this section results in a denial of your claim.

In addition to (and not by limitation upon) all other provisions, this document is also a promissory note.

I received the Loan Questions and Answers document, and understand all of its provisions. I received the explanation of the Qualified Joint & Survivor Annuity (QJSA).

I understand the extra Loan fees, which are in addition to my Plan Account's regular fee.

By signing this document, I confirm to Smith Barney Corporate Trust Company and CitiStreet Associates LLC that I have made a legally valid obligation to repay the Loan and that I intend to repay the Loan.

I certify, under penalties of perjury, that:

- everything I said on this form is true, correct and complete
- my Social Security Number or other Taxpayer Identification Number shown above is correct
- I am *not* a resident of any nation, state, or locality other than as shown on this form

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan.

If the Plan, an insurer, or a custodian pays or fails to pay any benefit in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

 **You must submit this form to your employer for his/her signature in the next section. CitiStreet will NOT process this request unless your employer has completed the Plan Administrator Instruction and Approval Section below.**

**SECTION 8 – PLAN ADMINISTRATOR INSTRUCTION AND APPROVAL**

All Loan Requests will be processed in accordance with the vested percentage on file at CitiStreet, unless you specify the vested percentage of the participant's Employer Contribution(s) as: \_\_\_\_\_ %.

The Plan Administrator approves the loan requested in this Loan Request. I acknowledge that all loan repayments must be made through payroll deductions.

\_\_\_\_\_  
Plan Administrator's Name (print full name)

\_\_\_\_\_  
Participant's Date of Hire

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date

- Employer/Plan Administrator MUST keep this original form for the Plan's records.
- Please fax or mail (do not do both) a copy of this form complete with **Plan Administrator's Signature** to:

CitiStreet Associates LLC  
 Two Tower Center  
 P.O. Box 1084  
 East Brunswick, NJ 08816-1084  
**ATTN: Distributions**  
**Fax Number: (732) 514-8799**