

Loan Application

Participant Name:

Social Security No.:

Plan Name:

Section I - Loan Application

Loan Amount:

Reason for Loan:

Loan Term: 1 Year 2 Years 3 Years 4 Years 5 Years Other

Repayment Schedule: Weekly Bi-Weekly Monthly Semi-Monthly

Section II – RPCSI Loan Processing Fee

RPCSI Loan Processing Fee Amount

Cashier's Check Attached

Deduct Fee From Participant's Account

Section III - Signatures

Participant Agreement

SIGNED

Date:

Participant

The Plan Administrator hereby approves the above-described loan request.

SIGNED

Date:

Authorized Company Representative

Section IV - Loan Verification

Check payable for:

Date loan disbursed:

Please mail copy of loan check received to: RPCSI, 6509 Mutual Drive, Fort Wayne, IN 46825