

**Annuity Plan of Local No. 86
International Brotherhood of Electrical Workers
APPLICATION FOR PARTICIPANT LOAN
1-877-UNION-44 (1-877-864-6644)**



- Use this form to apply for a loan from the Plan.
- Please return your completed form to:
US Postal Mail (including USPS Express Mail) – Mercer, Attn: IBEW Local 86 Annuity Fund, P.O. Box 9740, Providence, RI 02940-9740.
Other Courier Mail – Mercer, Attn: IBEW Local 86 Annuity Fund, Investors Way, Norwood, MA 02062.

1. Participant Information

_____-_____-_____
SOCIAL SECURITY NUMBER

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS	APT #
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CITY	STATE	ZIP CODE
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(_____)_____-_____ DAYTIME TELEPHONE NUMBER	(_____)_____-_____ EVENING TELEPHONE NUMBER	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not Married
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2. Request For Loan

I request a general purpose loan from my account under the Plan in accordance with the terms of the Loan Program under the Plan as follows:

- Amount \$ _____ • The amount of all loans from the Plan cannot be more than 50 percent of your vested account balance, or \$50,000 minus your highest outstanding plan loan balance in the past 12 months, whichever is less.
- Term: _____ Months • The minimum amount for loans from the Plan is \$1000. The term may not exceed 60 months.

I agree that loan repayments will be made by me on a monthly basis via loan coupons or ACH. If payments are to be made via ACH, please complete attached ACH paperwork and submit with the Loan Application to Mercer.

3. Participant Signature

I request the loan described above. I understand that if I fail to repay the loan in full when it is due, any balance remaining on any outstanding loan will be subtracted from my vested account balance before calculating the amount of any distribution due to me under the Plan. I have read and agree to the terms of the Loan Program under the Plan.

_____ Signature of Participant	_____/_____/_____ Date (MM-DD-YYYY)
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4. Spousal Consent

I am the spouse of the Participant whose signature appears above. I understand that I have the right to have the Plan pay my spouse's retirement benefits in the special qualified joint and survivor annuity form, or in the event of my spouse's death as a qualified pre-retirement survivor annuity. I consent to my spouse's pledging those benefits as security for a loan under the Plan. I understand that if my spouse defaults on this loan, I may receive less money than I would have received under the special qualified joint and survivor annuity or qualified pre-retirement survivor annuity if the loan had not been taken. I also understand that my consent to this loan cannot be revoked or changed in any way. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily.

_____ Signature of Spouse	_____/_____/_____ Date (MM-DD-YYYY)
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_____ Signature of Notary Public (with stamp or seal)	_____/_____/_____ Date (MM-DD-YYYY)
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If Notary Public, my commission expires: _____

