

PLAN NAME: _____
Loan Application Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # ____-____-_____
Address: _____ Date of Birth: __/__/_____
City: _____ State: ____ ZIP Code: _____
Marital Status: Married Single US Citizen/Resident Alien: Yes No
Account or Plan Number _____

Part II. Type of Loan

General Purpose Loan for \$_____.

Part III. Terms: I hereby request a Loan with the following term.

Maximum Repayment Period: _____ Years. or _____ Months.
 Repayment Frequency: Scheduled installment

Part IV. Modification: Refinance my existing General Purpose Loan. I understand that the maximum repayment deadline is 5 years from original loan date.

Modify Repayment Amount

Part V. Loan Request: I hereby apply for a loan from MICHEL BABAJANIAN, MD, FACS, INC., 401(k) PROFIT SHARING PLAN. I acknowledge that my loan will be subject to the terms and conditions of the Loan Policy and confirm that I understand the terms of the Loan and my obligation to make payments in scheduled installments.

Applicant's Signature

__/__/_____
Date

Part VI. Loan or Plan Administrator's Approval:

I certify that all Participant and distribution information is accurate.

Participant Loan approved. Participant Loan denied.

Administrator Signature

__/__/_____
Date

