

TIER 3 & 4 LOAN APPLICATION

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_____ - _____ - _____ Social Security Number	<input type="checkbox"/>	<input type="checkbox"/>	_____ Active Leave of Absence Employee Status	OFFICIAL DATE OF RECEIPT
_____ First Name	_____ MI	_____ Last Name		
_____ Address			_____ Apt No.	
_____ City	_____ State	_____ Zip Code		
(_____) _____ - _____ Work Telephone Number	(_____) _____ - _____ Home Telephone Number			
_____ Bureau	_____ Job Title	T Bank Payroll <input type="checkbox"/> Yes <input type="checkbox"/> No If you are on the T Bank Payroll you must make payments directly to BERS		

Loan Type: Choose one box in each section

<p style="text-align: center;"><u>Loan Amount</u> *</p> <p><input type="checkbox"/> Maximum Or <input type="checkbox"/> Net Loan Amount \$ _____</p> <p><small>* Combined loan amounts cannot exceed \$50,000</small></p>	<p style="text-align: center;"><u>Repayment Schedule</u> **</p> <p><input type="checkbox"/> Repayment Amount \$ _____ Or <input type="checkbox"/> Duration _____ Months (Maximum 48)</p> <p><small>** The minimum loan repayment amount per loan cannot be less than 2% of your gross salary.</small></p>
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If the total of all your outstanding loan(s) [including NYC 457, NYC 401(k), or other NYC 403(b)] is less than \$10,000 you can choose to recast any outstanding Tier 3/4 balance.

Disclose Loans from any:	<input type="checkbox"/> Recast <input type="checkbox"/> Do not recast
NYC 457 Plan \$ _____	
NYC 401(k) Plan \$ _____	
NYC 403(b) TDA \$ _____	
Total \$ _____	_____ Initials

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Complete this section for a loan at retirement only.

Retirement Date / /

Rollover Taxable Portion

Name of Rollover Institution

Address

Account #

I understand the conditions and obligations under which this loan will be calculated, and have received a copy of the Tier 3 & 4 Loan Program Brochure.

Signature: _____

Date / /

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me the said _____, to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

Notary Public or Commissioner of Deeds
(If you have an official seal, please affix it).

FOR OFFICIAL USE ONLY

Type: MAX

LAD

LAR

Direct Payments: No

Yes

(check yes if not on active payroll)