

EARLY RETIREMENT PROGRAM LOAN APPLICATION

Complete this section for a loan at retirement only.

Retirement Date / /

Maximum Non Taxable Portion Only 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 Early Retirement 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).

	O F F I C I A L		U S E		O N L Y	
Type:	MAX	<input type="checkbox"/>	LAD	<input type="checkbox"/>	LAR	<input type="checkbox"/>
Service Charges:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Direct Payment	<input type="checkbox"/> (check attached)
Direct Payments:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	(check yes if not on active payroll)	