

CENTRAL MAINE HEALTHCARE 403(B) PLAN
LOAN REQUEST FORM

(Participant must complete all four parts of the form.)

PART I. COMPLETE PERSONAL INFORMATION

Social Security Number Last Name First Name M.I.

Address City State Zip Code

PART II. INDICATE LOAN TERMS

After reviewing the Plan's current Loan Policy and my vested account balance, I hereby request the following loan:

Loan Amount: \$ (or maximum available) _____

of Repayment Years: _____ (not to exceed 5 years, unless used to purchase a principal residence)

The reason I am requesting the loan is: _____

PART III. SIGNATURE

Participant Signature Date

PART IV. FOR COMPLETION BY EMPLOYER

The interest rate to be used for this loan is: _____

Has this person worked for CMH continuously for more than the last 4 years and is 100% vested. Yes No

If no, what was the most recent date of hire _____

If no, has this person ever been terminated and rehired? _____

Employer/Plan Sponsor Signature Date

Once you have completed this form, please mail or fax it to the following address:

The Pension Service of Northern New England
The Edwards Block
869 Main Street, Suite 400
Westbrook, ME 04092
Tel# (207) 854-1304
Fax# (207) 854-1305