



200 Atlantic Avenue • Manasquan, NJ 08736
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Loan Request

Name: _____ SS#: _____

Employer: _____

Home Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

E-mail: _____ Fax: _____

Amount of Loan : _____ (50% of account balance or \$1,000 whichever is greater. Maximum \$50,000)

Repayment Term (months): _____ (up to 60 months)

Repayment Amount: _____ (if different than scheduled payment)

Interest Rate: **The interest rate charged on the loan is the current Prime Rate plus 1 percent**

Participant understands and agrees that the employer will deduct loan repayments from the participant paycheck until the loan is paid in full. In case the loan is not paid in full, the participant understands and agrees that the balance of the loan will become taxable and possible penalties will apply.

Participants Signature: _____ Date: _____

Employer/Trustee Signature: _____ Date: _____