

Loan Application- 401(a)

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583



Group Contract Number: _____ Plan Name: _____ Social Security Number: _____

Employee Name: (Last, First, M.I.) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone/Ext.: _____ Vested % _____

A. To be completed by the Participant

EMPLOYEE REQUEST FOR LOAN: I hereby request to borrow from my account balance under the Plan: (I understand that I may not request a loan, or have an outstanding loan, if my benefit is in pay status.)

- \$ _____ or, if less is available, the Maximum Amount Available (\$1,000 minimum).
- The Maximum Amount Available (\$1,000 minimum). The Maximum Amount Available is determined on the valuation date on which the loan proceeds are to be issued from the plan. The Maximum Amount Available is the lesser of 50% of the vested account balance or \$50,000 (reduced by the highest outstanding balance during the last twelve months of all loans made from this Plan).

Loan Fee: I understand that the Loan Fee shown below will be deducted from my Participant's account under the Plan along with the amount borrowed. Additionally, a maintenance fee may be deducted from my Participant's account under the Plan at the end of each calendar quarter.

Source of Loan Funds: I understand that the proceeds of my Loan and any Loan Fee will be withdrawn from my account under the Plan against all available investment choices (except a Self Directed Brokerage Account) and from each contribution source on a pro-rata basis.

Loan Repayment Terms: I agree to repay this loan to my account through payroll deductions within:

- 1 Year 2 Years 3 Years 4 Years 5 Years
- _____ Years (Greater than 5 Years is permitted for the purchase of principal residence only).

Payroll Deduction Authorization: I understand and authorize loan repayments to be made by payroll deduction for each pay period in which a payment is due in accordance with the terms of the Promissory Note and Loan Agreement, starting with the first applicable pay-period following the date this loan is entered into or as soon as administratively practicable and continuing until the loan is repaid in full. I understand that loan repayments will be invested in the investment choices under the Plan in accordance with my most current investment election on file with the Plan Administrator (except a Self Directed Brokerage Account).

B. To be completed by the Plan Administrator

Loan Interest Rate The interest rate will be the Current Plan Loan Interest Rate on file at Hartford Life or _____%

Loan Fee: An Initiation Fee of \$ _____ is to be deducted from the Participant's account under the Plan.

Loan Maintenance Fee: An annual maintenance fee of \$ _____ is to be deducted from the Participant's account under the Plan at the end of each calendar quarter.

Payroll Frequency Repayments will be made at the frequency on file at Hartford Life. If repayments are to be made at another frequency indicate: Weekly Bi-Weekly Semi-Monthly Monthly

C. Signatures

I understand that I may fully repay the outstanding amount of this loan without penalty. Partial prepayments are not allowed. Upon my retirement, death or termination of employment or termination of the Plan prior to the full repayment of the loan, the outstanding principal amount of the loan will be considered due and payable. My vested account balance will be reduced by the amount of outstanding principal balance of the loan before any distribution to me or my beneficiary, whichever is applicable. I understand and agree that I will receive with the loan proceeds, a Promissory Note as well as a Loan Agreement. I understand and agree that none of the terms or provisions of this Promissory Note may be waived, altered, modified or amended except in writing and duly executed by me and the Plan Trustees. I further understand my endorsement of the check representing this loan shall constitute my agreement to all terms of the Promissory Note and Loan Agreement.

Employee's Signature

Date

Please forward this application along with a completed Spousal Consent for Loan Security form, if applicable, to your Plan Administrator for final review and approval.

I approve this loan as shown and certify that the above data in regard to the participant is true and accurate to the best of my knowledge, that I have obtained a spousal waiver, if required by the Plan, and, as applicable, that I have considered any other loan made from any other plan of the employer in determining the amount available to the Participant. I hereby direct Hartford Life to issue the loan proceeds, a Promissory Note and Loan Agreement to the Participant based upon the information indicated above. I understand that the loan request will be processed as of the date it is received in good order at Hartford Life.

Plan Administrator's Signature

Date

Please make a copy for your records.