

# Fidelity Investments Loan Application



**Instructions:** Use this form if you wish to request a loan from your account under your employer's plan. Please complete this form and return it to your Human Resources Department or Benefits Office unless otherwise instructed.

**Maximum Loan Amounts:** Please call Fidelity Investments or your Benefits Office to find out the maximum loan amount available to you. Generally, the most you can borrow is 50% of your vested account balance or \$50,000 minus your highest outstanding loan balance over the last 12 months, whichever is less. Some plans may have more restrictions.

**Fees:** Your loan may be subject to an annual maintenance fee, which would be deducted quarterly from your account in equal amounts. In addition, a loan setup fee is required. The setup fee will be automatically deducted from your account.

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8:00 A.M. to midnight ET.

**Mailing address:** Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

If using an overnight service, send to: Fidelity Investments, 100 Crosby Parkway, Mailzone KC1E, Covington, KY 41015

## 1. GENERAL INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

### A. Your Information

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:  State:

Zip:

Daytime Phone: -- Evening Phone: --

E-Mail:

### B. Your Employer/Plan Sponsor Information

Name of the employer sponsoring your plan:

Street Address:

City:  State:

Zip:

### C. Applicable Accounts (Choose only one.)

I am requesting a loan from my:

- 403(b) plan       Qualified 401(a) plan  
 Qualified 401(k) plan       457(b) governmental plan



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## 2. AMOUNT AND TERMS OF LOAN

### A. Amount of Loan Requested

Choose one from below:

Maximum Loan Amount Available **or** Amount of Loan: \$   ,    .

Note: Check with your employer for the minimum loan amount.

### B. Term of Loan

Years:   Months:

Note: Not to exceed Five (5) years, or the term allowed under your plan if the purpose of the loan is for purchase of a principal residence.

Purpose of Loan:

## 3. ORIGIN OF LOAN

The loan amount requested will be taken proportionally from **all** your available investment options unless you complete this section below:

Investment Option:  Dollar Amount: \$   ,    .

Investment Option:  Dollar Amount: \$   ,    .

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Investment Option:  Dollar Amount: \$   ,    .

## 4. PRIOR OR OUTSTANDING LOANS

If you have, or have had, any outstanding loan balances within the last twelve months from this plan or any other retirement plan offered by your current Employer, please list them below:

Date(s) of Loan(s) (month and year):  
  -     to   -

-     to   -

Highest Outstanding Loan Balance(s) during prior 12-month period:

\$   ,    .

\$   ,    .

## 5. SPOUSAL CONSENT

I am:  Single  Married

Please have your spouse complete this section if you are married and:

- 1) your employer's plan is subject to the Employee Retirement Income Security Act (ERISA); or
- 2) your employer's plan requires spousal consent.

If you are not sure whether this section applies to you, please call Fidelity Investments or contact your Benefits Office.

I hereby consent to the use of my spouse's accrued benefits under this plan as security for the loan. I understand that if the account balance under my spouse's plan is used for renegotiation, extension, renewal, or other revision of the loan, I must complete a new spousal consent. I also understand that if the loan is defaulted, the effect of the default may impact my portion, if any, of my spouse's death benefit.

Signature of Participant's Spouse:

Date:

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan):

Sworn before me this day

In the State of  County of

Notary Public Signature:

My Commission Expires:

Notary stamp must be in the above box

A signature guarantee cannot take the place of a notarized signature.

Authorized plan representative:

Date:

## 6. YOUR SIGNATURE

I certify that all information provided by me on this form is true, accurate and complete. I intend to make consecutive payments through after-tax payroll deduction. I understand that my loan may be subject to an annual maintenance fee. I also understand that I am responsible for any fees associated with the investment option from which I am withdrawing or repaying the loan amount.

Signed:

Date:

The following section must be completed by your employer.

## 7. YOUR EMPLOYER'S ACKNOWLEDGEMENT

Payroll Deduction Frequency:

weekly  bi-weekly  monthly  semi-monthly  quarterly

Interest rate:  .  %

I acknowledge that the loan designated on this form is permitted under the terms of the employer's plan.

Signed:

Date:

Print Name:

Title:



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## 8. MAILING ADDRESS

Please fill out this section if you would like your check mailed to an address different from that in Section 1.

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:

State:

Zip:

Daytime Phone:

Evening Phone:

E-Mail:

A Signature Guarantee is required if you select a different mailing address.

You may obtain a signature guarantee from a bank, broker, dealer, municipal securities dealer, government securities broker, credit union (if authorized under state law), national securities exchange, registered securities association, clearing agency or savings association. Please inform the person providing the Signature Guarantee of the approximate amount of the distribution.

**Note: A notary public cannot provide a signature guarantee.**

Signature Guarantee by:

Place Guarantee Stamp in the box at right