

INSTRUCTIONS TO PARTICIPANTS APPLYING FOR A LOAN

It is vital for you to read over the following information and instructions. For you to receive your loan from the plan, you must review and complete the enclosed forms and return them to our office.

Please check with your Human Resources Department for fees associated with this loan request.

PARTICIPANT LOAN PROGRAM

Please refer to your Summary Plan Description for general information pertaining to loans under your plan.

LOAN APPLICATION

This section needs to be filled out completely. Please fill out your name, the dollar amount of the loan you wish to apply for, the purpose of the loan and payment frequency. Installments must be set up according to your payroll frequency. Make sure that you sign and date the form and have a witness and the Trustee sign at the bottom.

Please refer to the table below before deciding the number of installments for your loan:

INSTALLMENTS				
Number of Years	Weekly	Biweekly	Semi-monthly	Monthly
1	52	26	24	12
2	104	52	48	24
3	156	78	72	36
4	208	104	96	48
5	260	130	120	60

For example, if you wanted to take a loan out for four years and you are paid bi-weekly you would write **104 biweekly** for the installments. **Please make sure to indicate the number of installments and the payroll frequency as well.**

Note: Please note that a Loan cannot be amortized for over 5 years.

SPOUSAL CONSENT

If you are married, your spouse needs to complete this section and have the trustee sign the form or have a Notary certify at the bottom. If you are not married, please indicate on the loan application form.

PROMISSORY NOTE

Fill out your name, address and the amount of Note i.e. loan amount. Also, sign at the bottom of the form. **DO NOT FILL ANY OTHER ITEM.** Once we receive the paper work we will run an amortization schedule that will list the date of payments. At that time we will complete the forms and send a copy of the amortization schedule to your employer.

IRREVOCABLE PLEDGE AND ASSIGNMENT

Complete this form, sign and have a witness sign at the bottom. Once the forms are complete, please forward them to our office.

Note:

Prior to filling out this form, please check with your Plan Administrator (Employer) to see if your plan allows for Employee Loans. Completing this form does not ensure that you are eligible for getting a loan from your plan. Once the application is received, CRS will check to see if you are eligible for a loan and will determine the maximum amount allowed.

Once the forms are completed, please fax or mail to:
Creative Retirement Systems, Inc.
Attn: Distribution Department
25 Merchant Street, Suite 135
Cincinnati OH 45246
Fax: (513) 741-5804

LOAN APPLICATION

Please Print. Complete all applicable areas

As a Participant in _____ (Company Name), I,
_____, hereby make application to the Trustees of the Plan
for a loan in the amount of \$ _____.

The purpose of this loan is: (fill in purpose)

If the Trustees grant my loan, I hereby agree that I will repay the loan in _____ installments
(Cannot be less frequent than quarterly) and that payments must be made by payroll withholding. I further
understand that the Plan shall charge me a reasonable rate of interest on my loan repayments.

I hereby acknowledge and understand that I will be required to pledge all or a portion of my Vested Account
Balance or Vested Accrued Benefit as security for the loan.

Please check the box that applies:

I am not married. I am married (if this box is checked please fill out the Spousal Consent Form.)

Participant's Signature

Social Security Number

Date

Witness

Trustee

SPOUSAL CONSENT TO WAIVE JOINT & SURVIVOR ANNUITY

PLAN NAME : _____

I am the spouse of the Participant _____.

I hereby consent to my spouse's waiver of the payment of benefits in the form of a qualified joint and survivor annuity. I further acknowledge my understanding that:

1. My spouse's waiver of the qualified joint and survivor annuity is not valid unless I consent to it; and
2. My consent is irrevocable unless my spouse revokes the waiver.

City: _____ State: _____

Date: _____

Signature of Participant's Spouse

Name of Participant's Spouse (print or type)

Witnessed by:

Notary Public, State of _____ OR
My Commission (is permanent/expires)

Authorized Representative of
Plan Administrator

ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

PLAN NAME : _____

As a Participant in the plan identified above, I hereby acknowledge that I have been informed by the Plan Administrator that if I am married at the time my benefits commence they must be paid in the form of a joint and survivor annuity (or in the form of a single life annuity if I am not married) unless I waive that form of payment and my spouse consents in writing. I have been further informed by the Plan Administrator that I have at least thirty days to consider whether to waive the joint and survivor annuity. If I am married and I waive the qualified joint and survivor annuity with my spouse's consent, I understand that I may revoke my waiver prior to the date on which payments begin (or, if later, seven days after the date I waive the qualified joint and survivor annuity).

(You must check one item below and sign below):

- A. I am married and I hereby elect to waive the payment of my benefits in the form of a qualified joint and survivor annuity with my spouse, subject to my spouse's written consent (below).
- B. I am married, but I hereby waive payment of my benefit in the form of a qualified joint and survivor annuity. The "SPOUSAL CONSENT" section of this form (below) has not been completed because I do not know the whereabouts of my spouse. I agree to notify the Plan Administrator if I learn the location of my spouse before my benefit commences.
- C. I am not married, but I will notify the Plan Administrator if I do marry before receiving benefits under the Plan. I hereby elect to waive the payment of my benefits in the form of a single life annuity.
- D. I am married, but my spouse and I do not wish to waive the qualified joint and survivor annuity form of benefit. However, I understand that we may do so prior to the date on which payments begin or an annuity contract is purchased.
- E. I am married and I hereby elect to waive the payment of my benefits in the form of a qualified joint and survivor annuity with my spouse, and my spouse's written consent is not required because my vested account does not exceed \$5,000.

City: _____ State: _____ Date: _____

Signature of Participant

Name of Participant (print or type)

Witnessed by:

Notary Public, State of _____ OR
My Commission (is permanent/expires)

Authorized Representative of
Plan Administrator

JOINT AND SURVIVOR ANNUITY NOTICE

If you are married, your vested account balance is greater than \$5,000 and you select payment in the form of an annuity, your account generally must be paid in the form of a qualified joint and survivor annuity. Similarly, if you are single and you select payment in the form of an annuity, your vested account balance is automatically payable in the form of a single life annuity if it is greater than \$5,000. The annuities mentioned in the preceding sentence are not available if: (i) you (and your spouse if you are married) waive the benefit as provided below, or (ii) the terms of a qualified domestic relations order provide otherwise. A qualified joint and survivor annuity is defined as an annuity for your life with a survivor annuity for the life of your spouse that is 50% of the annuity payable during your life. In addition the plan offers a qualified optional joint and survivor annuity which is an annuity for your life with a survivor annuity for the life of your spouse that is 75% of the annuity payable during your life. Unless you waive such an annuity and your spouse consents in writing to the waiver, your entire vested account balance will be utilized to purchase such an annuity. The annuity payments may be postponed until the time benefits must commence under the terms of the Plan. However, if your vested account balance is less than \$1,000, your vested account balance will be paid in the form of a lump sum.

You have the right to waive the required form of benefit described above. Any annuity form of benefit will be provided by purchasing an annuity contract from an insurance company with your vested account balance under the Plan. The following is a chart indicating the estimated amount of the monthly annuities using the UP-84 Mortality table, a 5% interest rate and various representative ages for you (and for your spouse for the joint and survivor annuity) at the date payments begin.

Annuity Factors (monthly benefit per \$1,000 of account balance)

Participant Age	30	35	40	45	50	55	60	65	70
Spouse's Age	28	33	38	43	48	53	58	63	68
Single Life	\$4.71	\$4.89	\$5.14	\$5.47	\$5.90	\$6.48	\$7.25	\$8.30	\$9.73
Life w/5 yrs certain	\$4.71	\$4.89	\$5.13	\$5.45	\$5.87	\$6.42	\$7.15	\$8.10	\$9.31
Life w/10 yrs certain	\$4.70	\$4.88	\$5.11	\$5.41	\$5.79	\$6.28	\$6.87	\$7.57	\$8.36
Life w/15 yrs certain	\$4.68	\$4.85	\$5.07	\$5.34	\$5.67	\$6.05	\$6.48	\$6.91	\$7.30
Joint and 100% survivor	\$4.42	\$4.52	\$4.67	\$4.86	\$5.11	\$5.46	\$5.92	\$6.57	\$7.45
Joint and 50% survivor*	\$4.56	\$4.70	\$4.89	\$5.14	\$5.48	\$5.92	\$6.52	\$7.33	\$8.44
Joint and 75% survivor*	\$4.49	\$4.61	\$4.78	\$5.00	\$5.29	\$5.68	\$6.21	\$6.93	\$7.91

*The monthly survivor benefit would be 100%/50%/75% of the amount shown.

For example, if you are age 50 and your spouse is age 48 when the joint and 50% survivor annuity begins and your vested account balance is \$10,000, the amount of the monthly benefit will be \$54.80 (10 X \$5.48). Please note that there is no guarantee that an annuity contract purchased from an insurer will provide the monthly amounts set forth in the table above. Any commissions or sales charges that are paid to the insurance company in connection with the purchase of the annuity contract will reduce your monthly benefit.

In order for a married Participant to obtain the benefits in a form other than a qualified joint and survivor annuity (such as a single sum distribution), the Participant must waive the joint and survivor annuity and his or her spouse must consent in writing (unless the Participant certifies that he or she cannot locate the spouse). The Participant has at least thirty days to consider whether to waive the joint and survivor annuity. The Participant may revoke such waiver prior to the date on which payments begin (or, if later, seven days after the date he or she waives the qualified joint and survivor annuity), but any revocation must be in writing. Waivers (properly completed copies of this form) and revocations of waivers are not effective until they are received by the Plan Administrator. In order for a single Participant to obtain the benefits in a form other than a single life annuity, the Participant must waive the annuity.

PROMISSORY NOTE

Participant _____ \$ _____
Amount of Note

Street Address _____

City _____ ST _____ ZIP _____ Date of Note _____

FOR VALUE RECEIVED, on or before _____ the undersigned (the Maker) promises to pay to the order of the Trustees of _____ (Company Name) the principal amount of _____ DOLLARS (\$ _____), plus interest commencing on this date at the rate of _____ % per annum on the principal balance from time to time unpaid.

FORM OF PAYMENT

Payment shall commence on _____, and shall continue on the last day of each pay period, by payroll deduction, thereafter until _____, when the amount of the accrued and then unpaid interest shall be due and payable. At the option of the Participant, at any time or times all or any portion of the unpaid principal sum and accrued interest on this Note may be prepaid without premium or penalty, the amount of the prepayment to be applied first to accrued interest and remainder to unpaid principal.

The payment of this Note is secured by the vested and non-forfeitable interest of the Participant in _____ (Company Name)

At the election of the holder or holders hereof, upon notice to the Participant, the unpaid principal sum, together with accrued and unpaid interest thereon, shall become due and payable in the event of a default in the payment of any principal or interest when due in accordance with the terms hereof. Further, this Note shall be due and payable upon termination of service of the Participant, subject to section 414(u) of the Code. This note is due and payable 45 days after termination of employment.

The above paragraph shall not apply in the event the participant is entitled to, and does, consent to a direct transfer of this note to a qualified plan of his new employer. This provision shall be null and void if transfer is not completed prior to the due date of the note or if earlier, than the 90th day after the participant terminates service with the Employer.

Participant's Signature

Social Security Number

IRREVOCABLE PLEDGE AND ASSIGNMENT

In consideration of a loan to me of \$ _____ by the trustees of _____ (Company Name) I,

_____, hereby irrevocably pledge and assign as collateral that portion of my Vested Account Balance necessary to satisfy the outstanding balance of said loan, with accrued interest, plus the costs, if any, incurred by the trustees in collecting said loan, including reasonable attorney's fees. I understand and acknowledge that if I fail to repay this loan when due and payable or fail to pay any installment or interest payment may result in the trustees foreclosing on any property pledged as security for this loan.

If my employment terminates before my obligation under this pledge and assignment has been fully discharged and under circumstances in which the trustees would usually make distribution from the plan to me or my designated beneficiary, I hereby empower the trustees to reduce the amount of my distribution to me or my designated beneficiary by the amount of the outstanding indebtedness at the time of my termination, along with any accrued interest on the indebtedness.

This Irrevocable Pledge and Assignment shall bind my heirs, personal representatives or other legal representatives.

EXECUTED this _____ day of _____, _____.

Participant's Signature

Social Security Number

Witness