IBEW LOCAL 910 ANNUITY FUND LOAN APPLICATION

I understand that the amount of this loan may not exceed the lessor of 50% of my account balance or \$50,000.00. I also understand that I can have only one loan outstanding from the Fund at any time.

I agree to repay this loan to the Fund within _____ years (not to exceed five years except for the purchase of a primary residence) from the date of this loan, at a rate of interest established by the Administrator, in accordance with the Plan Document.

I also understand that if the loan has not been repaid at the time of my death, my account balance less the unpaid portion of the loan shall be distributed to my beneficiary. I further agree that upon default of the loan, as defined in the I.B.E.W. 910 Annuity Plan, my account balance will be immediately offset by the amount of the outstanding loan and any interest accrued to the date of the default.

Signature of the Participant		Date	
Notarized Signature of Spouse		Date	
Spouses Social Security Number:			_
State of New York) County of Jefferson)			
On the day of Known to me to be the person descri duly acknowledged that he/she exect	bed in and	who executed the foregoing stat	

Notary Public