



Instructions: Application for Participant Loan

Before Requesting a Loan

Model different loan scenarios by logging into your account at www.newportgroup.com. You may wish to consult an investment advisor to discuss how taking a loan may impact your retirement savings.

Completing the Application

1. Complete all “required” sections of the application.
2. Print the form, then sign and date it.
3. Forward the document to the Benefits Dept. or the Human Resources Dept. of your employer (i.e., the employer sponsoring the retirement plan from which you are requesting the distribution) – do not return it to Newport Group.

Your employer will have the Plan Trustee sign your Participant Loan Request form and will then send it on to your plan’s Third Party Administrator (TPA) for processing.

Your loan will be processed in approximately 10 business days after Newport Group receives your distribution request from your Plan’s TPA. The 10 business days does not include mail or wire transfer delivery time.

Please note that processing fees may apply to this request. Contact your employer for more information.

Name (First)	(Middle Initial)	(Last)	Social Security Number / Tax ID
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Participant's Certification (Required):

I hereby request a participant loan. I acknowledge that by cashing the loan check or by requesting an electronic transfer of funds, I consent to repay this loan according to the terms of the Amortization Schedule, and the Promissory Note. I understand this must be repaid through payroll deductions. I further understand that, in addition to the loan proceeds, a non-refundable loan processing fee may be deducted from my account.

X _____

Plan Participant Signature
Print Name
Date

Plan Sponsor Authorization (Required):

Loan Application is: Approved Denied Interest Rate %: _____ Current Account Balance: \$ _____

Date of First Payment: _____ (First Payroll in which a payment will appear)

Payments per Year: _____ (i.e. 12, 24, 26, 52...) must match payroll submission frequency

Vesting Verification (required):

Employer Money Source 1	_____	_____ %
Employer Money Source 2	_____	_____ %
Employer Money Source 3	_____	_____ %

X _____

Plan Sponsor Signature
Print Name
Date

Special Notes:

TPA Firm: _____

TPA Phone: _____ **TPA Email:** _____

X _____

Third Party Administrator's Signature
Print Name
Date