

## LOAN REQUEST

**Plan Name:** \_\_\_\_\_

PARTICIPANT'S NAME (Please Print): \_\_\_\_\_

PARTICIPANT'S HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PARTICIPANT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

IF YOUR PLAN DESIGNATES THAT LOANS MAY BE TAKEN FOR ONLY CERTAIN REASONS, STATE THE REASON HERE: \_\_\_\_\_

AMOUNT OF LOAN REQUESTED: \$ \_\_\_\_\_

TERM OF LOAN: Number of Months \_\_\_\_\_ or Desired Payment Amount: \$ \_\_\_\_\_

PAYROLL FREQUENCY (Check one):

WEEKLY  
MONTHLY

BIWEEKLY  
SEMI-MONTHLY

QUARTERLY  
OTHER \_\_\_\_\_

**I HEREBY AUTHORIZE CREATIVE BENEFIT STRATEGIES, INC. TO VERIFY THE AVAILABILITY OF THE AMOUNT AS REQUESTED AND, IF AVAILABLE, TO PROCESS THE LOAN ACCORDING TO THE TERMS OUTLINED ABOVE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT SIGNATURE