# United Food and Commercial Workers Local Union #1189 & St. Paul Food Employers Defined Contribution Plan

Wilson-McShane Corporation – Plan Administrators 3001 Metro Drive – Suite 500, Bloomington, MN 55425 952-854-0795 or 1-800-535-6373

#### **LOAN APPLICATION FORM**

<u>Part</u>	icipant Information					•	
Nam	ne						
Stree	et Address						
City_		St	ate	z	ip Code		
Hom	ne Phone ()		Socia				
Worl	k Phone ()		Cell	Phone (	_)		
<u>Amc</u>	ount of Loan						
l here	eby apply for a loan from my acco	unt under the UFC	:W 1189 De:	fined Contribut	tion Plan in the	amount of:	
	\$ \$1	,000 Minimum					
	The maximum permitted 50% of your Deferred Salary/401(k) account						
Repa	ayment Terms						
The r	maximum repayment period will be	e three years for lo	ans of \$3,00	00 or less, and	l five years for	larger loans. I	
hereb	by elect my payment period to be:	☐ 1 year	☐ 2years	☐ 3 years	☐ 4 years	☐ 5 years	
<u>Tern</u>	ns and Conditions – (Also see	the enclosed Plan	Loan Provi	sions)			
1.	The amount you may borrow of Salary/401(k) account balance	э.			•	t Deferred	
2. 3.	A \$75 loan processing fee will be deducted from the proceeds of your loan.  You must agree to monthly automatic payments, withdrawn from an account you have designated, sufficient						
4.	to pay loan principle and inter Repayments of loan principal	and interest will be			nvestment opti	ons according to	
5.	your most current allocation instructions. You must pledge your vested account balance as security for repayment.						
6. 7.	You may only have one loan from the Plan outstanding at any time. Your Loan will be considered in DEFAULT after you miss THREE payments, whether or not the missed						
8.	payments occur in consecutive months. If you are default on your loan, you will not be eligible for future toans.						
9.	Loans are subject to other rules that the Board of Trustees and Plan Administrator may establish from time to time and which are explained in the Summary Plan Description or attached to this application.						
<u>Parti</u>	icipant Acknowledgment and	l Signature					
	eby acknowledge that I have read provisions and rules applicable to		ns in the Sui	mmary Plan De	escription and	understand the	
i also	certify that I am:	e 🗌 Married	ı □ s	Separated	☐ Divorced		
X							

Date

Participant's Signature

### IMPORTANT!

If you are married, or even separated, Your spouse MUST complete and SIGN this section IN FRONT OF A NOTARY or PLAN REPRESENTATIVE

	Spousal Consent of Loan
l,	(participant's spouse's name), hereby irrevocably consent to my spouse
	taking a loan from his/her 401(k) Plan. I grant this consent with
comp	lete understanding of the following:
1. 2. 3.	Without this consent, I may be entitled to receive some or all of my spouse's benefits in the Plan, as described in the Plan Document and Summary Plan Description.  If my spouse defaults on the loan and, as a result, the benefits payable under the Plan are reduced, the benefits that I may have otherwise been entitled to receive may also be reduced.  I have read and understand this Application and will read the Loan Agreement and Disclosure Statement when it arrives with the loan check.
x	Spouse's Signature Date
	·
***************************************	
Cicio	a.t
	of ty of
	is day of, 20, before me came, note me to be the person who executed the foregoing statement and who acknowledged to me that he/she uted the same.
	OROR
	Notary Public Signature of Designated Plan Representative
(O !!	
(Seal)	1

## Participant Agreement for ACH Loan Repayments

The Participant hereby authorizes (Milliman), to initiate debit entries (or corrective credit or debit entries in the event of an error) to his/her account at the depository financial institution named below and to debit the same to such account. These debits correspond to periodic loan payments to the above-named retirement plan. Account Owner acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law and that he/she agrees to comply with National Automated Clearing House Rules and Regulations about electronic transfers as they exist on the date of his/her signature on this form or as subsequently adopted or amended.

NOTE: The Account Owner MUST be the Participant in this plan

Account Owner:		Social Security Number:			
(P	ase print)				
Select One:	Checking A	☐ Checking Account — You MUST attach voided check!			
	☐ Savings Ao account numl	ccount — If you do not know the routing & bers, <u>call your bank</u> to obtain this information			
Name of Financia	I Institution:				
Routing Number:		Account Number:			
Time Time Time Time Time Time Time Time	be nine (9) digits)	. Hambon.			
Participant Signat	ure	Date:			

This authorization will remain in effect until Milliman has received signed, written notification from the Account Owner of its termination, at least ten (10) business days prior to its effectiveness.

- Funds will be withdrawn from your account on the 20<sup>th</sup> day of each month
- Any CHANGES in the account number must be RECEIVED by Wilson-McShane at least 10 business days prior to the 20<sup>th</sup>.
- Milliman is not responsible for bank account charges, NSF or other bank fees or overdrafts caused by automatic transactions.

12/08/2011