Washington Floral Service, Inc. 401(k) Profit Sharing Plan



LOAN REQUEST FORM

Α.	A. Participant Information:		
	Participant Name:	SSN:	
	Mailing Address:	Telephone:	
	City, ST Zip:	· · · · · · · · · · · · · · · · · · ·	
	Marital Status: Married Unmarried		
	If married, Spouse's Name:		
В.	3. Loan Amount: (check one)		
	□ \$ (enter dollar amount)		
	 Please calculate my maximum nontaxable amount available. 		
С.	C. Loan Details:		
	1. Purpose of loan:	esidential	
	2. Length of loan: (maximum of five years unless residential loan)		
	3. Interest Rate:% (as determined	% (as determined by the plan's Loan Policy)	
	4. Payment frequency: (select payroll frequency)		
	□ Weekly □ Semimonthly		
	☐ Biweekly		
	5. Method of withdrawal from retirement plan account: (select one)		
	 Porportionally from my current fund balances 		
	\square 100% from	(enter name of investment)	
D. Participant Agreement:			
	By signing below I agree to the above terms and conditions, and I understand that I will be assessed a \$50 Loan Origination Fee and a \$30 Annual Loan Maintenance Fee. The origination fee will be in addition to the amount of my loan and will be deducted directly from my account. Prior to issuance of the loan, I will be provided with, and need to execute, a Promissory Note and an Irrevocable Pledge and Assignment.		
	Participant's Signature Date		
	When sections A, B, C, and D have been completed, please forward this application to Plan Sponsor for approval.		
E. Plan Sponsor Approval:			
	Plan Sponsor Approval Date		
	Eax Poturn to: 253 874 4979		
	Fax Return to: 253-874-4979 Mail Return to: American Northwest RPS, LLC, PO Box 24838, Federal Way, WA 98093		