

## Continental Micronesia, Inc. 401(k) Savings Plan Retirement Plan Loan Request Form

Your Name (Last Name, First Name)		Social Security Number			Employee Number	
Date of Birth		E-mail Address			Contact Number(s)	
A. Loan Details						
<ol> <li>This is a request to bo amount is more than the</li> </ol>					esia, Inc. 401(k) Savings Plan. If this ble (minimum amount: \$1,000).	
2. The purpose of this loa	an is: PERSONAL LO	•	0	R MORTGAGE	LOAN to acquire my primary residence mos., maximum term: 120 mos.).	
	n in equal installments over		,	·	or maximum loan term). Please select	
<u></u> - <sub> </sub>	Loan Term	Bi-Weekly (BW Payment Option		Semi-Monthly (SM) Payment Options	]	
	12 months (1 year)	BW – 26 paymen	its or	SM – 24 payments		
	24 months (2 years)	BW – 52 paymen	its or	SM – 48 payments	1	
	36 months (3 years)	BW – 78 paymen	its or	SM – 72 payments		
	48 months (4 years)	BW – 104 payme	ents or	SM – 96 payments		
	60 months (5 years)	BW – 125 paymei	nts or	SM – 115 payments		
	120 months (10 years)	BW – 255 paymei	nts or	SM – 240 payments		
	Other: months	BW payme	ents or	SM payments		
account; (6) loan prepayment, repaid at that time; (8) the lo funds; (9) my loan payment wil principal balance; (11) a loan di	in full, is permitted at any tir can will be funded through Il be reinvested according to r isbursement fee of \$15.00 for	ne; (7) any unpaid b withdrawals from my ny fund selections at check payment or \$	valance is di y applicable the time the 10.00 for AC	ue on the day my employ contribution accounts, d e payment is received; (10 H payment will be charged	rust, and the money will be returned to my yment ends and could become taxable if not ivided proportionately among my investment b) I will be charged interest on the outstanding d against my loan; (12) there is an annual loan	
maintenance fee of \$25.00 billed the first quarter of each plan year for each loan outstanding at the end of the previous plan year.  B. Payment Instructions						
I elect for my loan to be paid to me in the form of a:						
I would like a Cl						
	irect Deposit (ACH) to my ontains the valid routi				nk statement or voided personal	
BANK NAME:						
Savings Account #Routing #						
Checking Account #				Routing #		
C. Participant Signature			Plan Administrator Signature:			
By signing this form, I authorize implementation of the above instructions.			I have reviewed this loan request and certify that it conforms to the terms of the Plan. ASC Trust is authorized to comply with this request by (1) preparing the loan documents for the participant's execution and (2) issuing a check or ACH direct deposit representing the loan proceeds. The company will initiate payroll deductions as detailed on the Promissory Note and Amortization Schedule. I direct ASC Trust to set up a loan repayment schedule.			
Signature of Participant		Date	Plan Admi	nistrator Signature	Date	