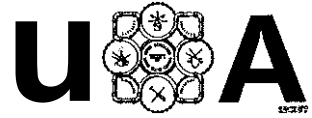


Plumbers and Steamfitters Local 21 Annuity Fund (914) 737-7220
LOAN APPLICATION (Plan# 62908)



This form authorizes general purpose and primary residence loans from the Plan. This form is not valid without your signature.

You are required to complete all sections of this form in ink

Please return this form to the fund Office: **Plumbers and Steamfitters Local 21, 1024 McKinley Street, Peekskill, NY 10566.**

Participant Information

1.

Social Security Number	Date of Birth (MM-DD-YYYY)	Home Telephone No.	
Last Name	First Name	MI	
Mailing Address	City	State	Zip Code

Loan History

2.

Do you currently have any plan loans that are outstanding at the time? **Yes [] No []**
If yes, STOP. You are not eligible to take another loan until you pay off your outstanding loan balance.
Is this loan for purchase of a primary residence? [] Yes [] No
If yes, please attach a copy of your Purchase and Sale agreement.

Loan Selection

3.

I hereby request a loan from the Plan in the amount of \$_____ (minimum \$1,000). I understand that the total of my outstanding loans cannot exceed 50% of my account balance under the Plan, or \$50,000 less the highest outstanding loan balance in the previous 12 months, whichever is less.

Repayment period: _____ years

Repayment Schedule & Method (Mark One Below):

Monthly & Automatic Debit From My Bank Account (Complete ACH Agreement Below) _____

OR

Quarterly & Coupon Book (Mail Payments to MassMutual) _____

NOTE: Maximum repayment period of 5 years for general purpose loans and a maximum of 10 years for primary residence loans. The proposed borrowing is for my purposes and not for the benefit of any party in interest to the Plan other than myself. If I fail to repay the loan in full when due, any balance due will be subtracted from the vested balance of my account in the Plan in determining the amount of any distribution to me.

I understand that I am responsible for sending in payments to MassMutual and that my loan will be set up on the amortization schedule chosen above. Repayments will be invested in accordance with my current investment choices.

ALL LOANS ARE LIMITED TO THE AMOUNT OF MONEY ACTUALLY REQUIRED FOR THE PURPOSE INDICATED ABOVE, UP TO MAXIMUM OF \$50,000 OR 50% OF THE VALUE OF THE APPLICANT'S ACCOUNT, WHICHEVER IS LESS.

I hereby apply for a loan in the amount of \$_____ under the rules and regulations of the Plumbers and Steamfitters Local 21 Annuity Fund. I understand this loan is subject to an interest rate which will be equal to the passbook savings loan rate charged by a regional bank for a similarly secured loan of the same amount and for the same term, effective as of the first day of the calendar quarter in which the loan is made. I also understand that the loan, and any accrued interest must be paid within five years, unless the loan is to be used for the purpose of buying my primary residence, in which case, as determined by the Board of Trustees, I will have ten years from the date of the making of the loan to repay it and any accrued interest. I understand that repayment of this loan will be made through equal periodic installments at an amount authorized by the Trustees.

4. Participant Signature

Note: If you have not yet established your MassMutual online account and provided an email address or if you have recently made changes to any of your contact information, in order to have your request processed timely, please have the notary stamp placed in the space provided below. The Plan Administrator may choose to waive the notary requirement by initialing in the appropriate box in the Fund Office Authorization section of this form.

Signature of Participant

Date (MM-DD-YYYY)

Print Name

Social Security Number

Notary Public Signature and Stamp

Date (MM-DD-YYYY)

5. Spousal Consent

I am the spouse of the participant whose signature appears below, I understand that I have the right to have the plan pay my spouse's retirement benefits in the qualified joint and survivor annuity form, or in the event of my spouse's death a qualified pre-retirement survivor annuity. I consent to my spouse's pledging those benefits as security for a loan under the plan. I understand that if my spouse defaults on this loan I may receive less money than I would have received under the qualified joint and survivor annuity or qualified preretirement survivor annuity had the loan not been taken. I also understand my consent to this loan cannot be revoked or changed in any way. I understand that I do not have to sign this Spousal Consent. I am signing this Spousal Consent voluntarily.

For gross distribution requests: (a) of \$50,000 or more or (b) involving notarized spousal consents that do not show the notary's stamp - either because the notary's state/district does not permit use of a notary stamp (e.g., Alabama, Washington, DC) or for any other reason permissible by the notary's state original documents must be mailed, not faxed.

Signature of Spouse

Date (MM-DD-YYYY)

WITNESSED:

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)

OR

Signature of Notary Public (*stamp or seal required*)

Date (MM-DD-YYYY)

If Notary Public, my commission expires: _____

6. Fund Office Authorization (*Office Use Only*)

Authorized Plan Representative Signature

Date (MM-DD-YYYY)