



FSD

d. Diversified Services, LTD 401(k) Profit Sharing Plan

PARTICIPANT LOAN APPLICATION FORM

(Please Print or Type)

Participant Name (Last, First) _____ Social Security No. _____

Mailing Address _____

City _____ State _____ ZIP _____ Daytime Phone (____) _____

SECTION I – LOAN REQUEST INFORMATION

Purpose of Loan: General (repayment period up to 5 years) Primary Residential Purchase (repayment period up to 30 years)

Repayment Period: _____ years Loan Repayment Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly
(Needs to correspond with payroll cycle)

SECTION II – PARTICIPANT AGREEMENT

I hereby make an application to borrow from my investment account in the plan, the amount of \$ _____ (minimum loan is \$500) subject to and in accordance with the provision of the plan and the terms and conditions set forth in this Application. I hereby acknowledge receipt of a copy of the Summary Plan Description or separate Loan Policy. In consideration of you making the loan, I hereby represent and warrant that I have read and understand and agree to the terms set forth in this Loan Application.

In consideration of your making a loan to me and intending to be legally bound, I hereby agree as follows:

- All terms not defined herein shall have the meaning given to said terms in the plan.
- The loan will be funded by the transfer of the monetary value of my investment account in the plan, which is equivalent to the loan amount, to a loan established in my name. I understand that the amount of my loan will be charged to any applicable money sources in the plan. I further understand that within each portion, my account balances will be reduced according to my most recent investment elections.
- I understand that in a given one-year period, I may borrow half of my vested account balance up to a maximum loan amount stated in the loan policy.
- In no event may I request a loan for an amount less than \$500.
- I understand that the loan will bear interest at 1 percent above the prime lending rate in the local area for the month the application is made.
- I understand that there is a loan set-up fee of \$100, which will be in addition to the amount requested and will not be amortized or paid back to my account.
- Repayment of the loan, together with the finance charge, will reduce my loan account and will increase my investment account in equal amounts.
- If the loan is approved by the employer, I will be required to sign a Promissory Note
- I hereby authorize payment of this loan through payroll deductions based on the amortization schedule generated for this loan. Deduction amounts shall be consistent with regular payroll processing. The date of the Promissory Note shall be the date on which the loan proceeds are paid out.
- I irrevocably pledge and assign to the Trustee of the Plan up to 50% of my vested account balance as collateral for this loan.
- Each payment will be processed through my loan account on the due date of such payment and credited to each portion in my investment account in the same order in which the loan was funded. Within each portion, my repayments will be credited to the particular investment category in effect for such portion according to my most recent investment election. If no investment category has been designated for such portion at the time of the repayment, the payment shall be credited to the default fund.
- One loan under the plan may be outstanding at any time.
- The repayment period of the loan shall be for a period not more than 60 months, except when the loan is being used to purchase a principal residence, whereby the repayment period may not be more than 360 months.
- If a loan is in default, the employer shall liquidate all or any portion of my Collateral Account balance as necessary to discharge my obligation under the loan agreement before any amounts are to be paid to me or on my behalf. Such liquidation shall not occur until I would be eligible to receive that portion of my vested account values under the plan. The following events will be considered a default:
 - My death or disability
 - Termination of the plan
 - My retirement or separation from service
 - My failure to make a payment at least once a quarter
 - Any other event described in written guidelines adopted by the Committee

Participant's Signature _____

Date _____/_____/_____

SECTION III – PLAN ADMINISTRATOR AUTHORIZATION

Authorized Plan Representative MUST complete and sign below prior to submitting to Ceridian for processing.

Approved Not Approved

Repayments will begin on the earliest possible payroll (_____/_____/_____) following the date of the loan.

Plan Administrator's Signature _____

Date _____/_____/_____