LOCAL 282 WELFARE, PENSION, ANNUITY & JOB TRAINING TRUST FUNDS

2500 MARCUS AVENUE, LAKE SUCCESS, NY 11042 • (516) 488-2822 • (718) 343-3322 • Fax (516) 488-4490

ANNUITY LOAN APPLICATION

1. Name					
(Last)	(First)	((Middle)		
2. Address	(64		(54-4-)		
(Number)	(Street)	(City)	(State)	(Zip Code)	
3. Social Security No	4. Tel. #				
5. Purpose of Loan (Check one)					
A. () Education expenses handicapped children; ch	beyond high school level or a school level or a school appropriate boxes:	ool or institutior	for physica	ally or mentally	
() tuition	() room and board				
Name and address of edu	acational institution				
Full name of student					
Birth date of student					
Relationship to employe	e				
(Attach bills from scho	ol, etc.)				
B. () Funeral expenses (li	mited to spouse, child, parent, p	arent of spouse	. grandchil	d or	
grandparent)		areas or spease	, 5		
Name of deceased					
Relationship to employe	e ate and bill from funeral directo	r. church. etc.)			
<u>(Attuch Deuth Cortine</u>		<u>i, chui chi, ctc.</u>			
C. () Purchase of automobi use.	le. (Attach proof of purchase).	I affirm that thi	s will be for	my personal	
	r title, mortgage expenses on homo urpose are available only once d ses).	· •			
I affirm that the dwelling purchased as a primary r	g for which loan is being applied f esidence for myself.	for under Item 51	D, above, ha	s been	
E. () Payment by employee Necessary).	relating to a major emergency. (1	Frustee Satisfac	tion is Abso	olutely	

6. Marital Status (Check applicable box)

- A. (____) As of the date of this application I am single.
- B. (____) As of the date of this application I am married. See attached completed Consent Form signed by my spouse.
- 7. I hereby apply for a loan in the amount of \$ ______ under the Rules and Regulations of the Local 282 Annuity Trust Fund. I understand this loan is subject to simple interest at the rate of ______ % per annum, and that the loan and accrued interest are to be repaid in quarterly installments equal to at least ______ of the initial principal of the loan plus accrued interest for that year. I hereby execute the attached promissory note as collateral against any default of payment of this loan by me on the principal and/or accrued interest. I understand that this promissory note may not be revoked until such time as the full principal and interest of the loan is paid.

Signature of Employee

Date

Return this application by Regular Mail, with all supporting documentation to: Local 282 Annuity Trust Fund 2500 Marcus Avenue Lake Success, NY 11042

FOR FUND OFFICE ONLY:

a) Applicants individual account as of 2/28/20	is \$
b) 50% of applicants individual account as of 2/28/2	0 is \$
c) Applicant appears eligible for a loan of \$ whichever is less)	(cannot exceed 50% or \$50,000.00
d) Initial installment repayment due	
e) Fund Office recommends () approval	() rejection (Reason)
By	Date
f) () Approved () Rejected at A	dvisory Board Mtg. held on

ADDITION TO ANNUITY LOAN APPLICATION

* SPOUSES CONSENT TO A LOAN AGAINST THE PARTICIPANTS ACCOUNT IN THE LOCAL 282 ANNUITY TRUST FUND

	, being duly sworn, deposes and says:		
Name of Spouse			
1. I am the spouse of		. We were married on	
Nai	ne of Participant		
	in		
Date	Place		
2. I have been informed tha	t my spouse, the participant no	ow has approximately \$	
		Amount	
	loan in the amount of \$	and. I have been informed that my spouse, the from the Annuity Trust Fund in	

State reason for loan

I understand that, if this loan is granted, the loan will be a lien against my spouse's, the participants account in the Annuity Fund until the loan is paid in full, with all accrued interest.

3. I understand that under federal law and the rules of the Annuity Trust Fund, when my spouse, the participant qualifies for retirement, the retirement benefit payable by the Annuity Fund will be an annuity payable on a monthly basis for as long as my spouse lives and then, if my spouse, the participant dies before me, one half of the annuity payable to me on a monthly basis, for as long as I live. The amounts of these annuity payments depend upon the amount in my spouse's, the participants Annuity Fund immediately prior to retirement, less the amount of any loans (including all accumulated interest) which are a lien against my spouse's, the participant takes a loan against his account and does not repay it in full with all interest prior to retirement, the monthly annuity which would otherwise be payable to my spouse, the participant and/or me at retirement, will be reduced or eliminated, in the event that my spouse, the participant dies before retirement. I understand that the amount of the reduction may be substantial, depending upon the amount of the loan, the accumulated interest upon the loan and whether it is repaid in full prior to the date of retirement or my spouse's, the participants death.

4. I hereby consent to the loan for which my spouse, the participant has applied. I hereby waive any right I may have to object to the granting of the loan, even though the granting of the loan may reduce or entirely eliminate the amount to which I may someday be entitled from the Local 282 Annuity Trust Fund.

Date		Signature of Spouse of Participant			pant
STATE OF					
COUNTY OF					
On this	day of		20	, before me, a	
Notary Public c	ame				_, known to me to be
the spouse of					_, who did execute this
consent to the g	granting of a loa	an in my pr	esence.		

Notary Public

PROMISSORY NOTE

\$ Amount	Address		Date
I, Please print fu		he undersigned for value received,	promise to pay to
term of, entire amount is	_ years commencing,	to be in the principal amount of \$	eafter on the first day ofrespectively until the
Local 282	principal and interest are to be Annuity Trust Fund cus Avenue	made at the Fund Office of the:	

Kindly include your Social Security No. on check unless instructed otherwise in writing by the Fund.

In the event the participant defaults in any payment as set forth above, either in whole or in part due, the parties hereto agree that the Fund shall notify the participant of his or her default in writing at the participants address listed below or any subsequent change of address filed in writing by the participant with the Fund.

The Notice of Default shall inform the participant of the amount due and inform the participant that the time for a cure of the default will extend no longer than the last day of the calendar quarter following the day of default. In the event the participant fails to satisfy the default within the cure period, the loan will be deemed a distribution to the participant for tax purposes. Thus, the participant will need to include the amount of the loan plus interest to default as gross income subject to taxation. The amount of the default may also be reported to the IRS. However, the loan will continue to be treated as outstanding for the purpose of determining whether future loans may be granted and the amount thereof. The defaulted amount will be offset against the participant's account at the time of a permissible distribution under the Plan.

It shall be the duty and obligation of the participant to notify the Fund in writing at the office of the Local 282 Annuity Trust Fund of any change of address other than the address listed below, which may occur during the term of this Promissory Note and participants failure to do so shall constitute a waiver to be notified at the new address and notice forwarded to participant's last known address by the Fund shall be deemed to be sufficient notice.

This Promissory Note is not assignable or negotiable.

Lake Success, NY 11042

Signature of Participant

Date

Address

Witness other than spouse