



Annuity Fund of Local No. One, I.A.T.S.E.

320 West 46th Street, 6th Floor - New York, NY 10036

Phone: (212)247-5225

Return your application to the Fund Office by:

Email: FundOffice@fundoneiatse.com

OR

Fax: 212-247-5227

ANNUITY THIRD LOAN APPLICATION

SF 51631-1

A. Participant Information

Name of Participant Social Security Number

Street Address Telephone (Home)

City, State Zip Telephone (Work or Cell)

Marital Status Single or Legally Separated Married (See Spousal Consent section below)

B. Loan Withdrawal Options

Please note that loans are subject to the following conditions:

- (1) You may have no more than 3 outstanding loans at a time.
- (2) The minimum loan amount is \$1,000.
- (3) The maximum of your total outstanding loans is the lessor of \$50,000 or 50% of your account.
- (4) Interest charged on your loan will be at the prime interest rate.
- (5) The loan withdrawal will be prorated across all investments.

Withdraw the following amount from my account balance:

If the maximum amount available to borrow from your account is less than the amount requested, do you want to borrow the maximum amount available? Yes No

Withdraw the maximum amount available.

C. Term of Loan

Loan repayments may be made over a period of up to 5 YEARS, except for loans used to purchase a primary residence which can be made over a period of up to 30 YEARS. If your loan is for the purpose of purchasing a primary residence, you MUST attach a purchase and sales agreement to this application.

Number of Years of Repayment: This loan is for the purchase of a primary residence, and I have attached a copy of the purchase and sales agreement.

D. SPOUSAL CONSENT WAIVER, REQUIRED IF MARRIED

I, the Participant's spouse, hereby consent to the Participant's election to receive a loan withdrawal from the Plan. I understand and acknowledge that I am waiving any legal right to this money as part of any death benefit from the Plan.

Spouse Signature _____ Date _____

Print Name

Notary Public Signature _____ Date _____

Print Name Date Commission Expires: _____

PLEASE NOTE: This form must be completed in it's entirety and returned along with the Debit ACH Authorization Agreement and Purchase and Sale Agreement to the Fund Office, attention Mariann Zappalla.

Participant Signature _____ Date _____

Print Name



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AUTHORIZATION AGREEMENT FOR PARTICIPANT LOAN DEBIT ACH ("AGREEMENT")

I authorize Massachusetts Mutual Life Insurance Company (hereinafter known as "MassMutual"), to initiate debit entries to the bank account designated below, in the bank named below (hereinafter known as Bank). I authorize and request the Bank to accept any debit entries initiated by MassMutual for such account without responsibility for, or liability for, the correctness or accuracy thereof.

A. Participant Information

Name of Participant Social Security Number

Email Address Telephone

B. Bank Account Number Information

Name of Bank ACH Transit Routing Number

Bank City Bank State Bank Account Number

Account Type Checking Savings

Debit Frequency Monthly Quarterly

Debit Day* 3rd of Month 15th of Month

**If the debit day is not a business day, the debit will occur on the next business day.*

- 1. Please attach a voided check or pre-printed deposit slip from the account referred to above.**
- 2. Provide your email address if you want a confirmation that your account is set up for transactions.**

It is understood and agreed that this Agreement shall remain in full force and effect until MassMutual receives written notification from me of its cancellation. Such notification shall be forwarded to MassMutual at its corporate headquarters. Any such notification to MassMutual shall be effective only with respect to entries initiated by MassMutual after receipt of such notification and a reasonable period of time within which to effect such notice. It is understood and agreed that MassMutual reserves the right to terminate this Agreement at any time with written notice to me. The Bank and MassMutual will not be liable in any manner for damages incurred if 1) there are at any time insufficient funds available in the account to initiate any debit entries or adjustment entries on the processing date; or 2) any other circumstances beyond the control of MassMutual or the Bank. I understand and agree, as acknowledged by the signing of this Agreement, that MassMutual and the Bank are responsible only for exercising ordinary care in the course of their respective duties regarding the processing of debit entries and adjustment entries pursuant to this Agreement.

PLEASE NOTE: This form must be completed in its entirety and returned along with the Annuity 3rd Loan Application to the Fund Office, attention Mariann Zappalla.

Participant Signature _____ Date _____

Print Name

To revoke your Debit ACH authorization, please contact 1-800-743-5274