

**LOAN APPLICATION AND AMORTIZATION REQUEST**  
**Medical City Dallas Management, Ltd. 401(k) Profit Sharing Plan**

**Please allow 4 weeks for processing**

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Name of Borrower	Social Security Number		
<hr/>			
Address	City	State	Zip
<hr/>			
\$			
Amount Requested	Daytime Phone Number		

All loan payments will be deducted from each paycheck.

Are you paid \_\_\_\_ **bi-weekly** or \_\_\_\_ **semi-monthly**?

Duration of Loan: (Usually not to exceed 5 years)

- \_\_\_\_\_ 1 year
- \_\_\_\_\_ 2 years
- \_\_\_\_\_ 3 years
- \_\_\_\_\_ 4 years
- \_\_\_\_\_ 5 years

Do you or have you had loans from this plan? [  ] Yes [  ] No

***In the event of termination, any unpaid loan balance will be deemed a distribution and included as taxable income on Form 1099R for the year in which the distribution was made.***

# SPOUSE'S CONSENT TO LOAN

**YOU MUST COMPLETE SECTION 1, SECTION 2, OR SECTION 3 BELOW AND THIS MUST BE NOTARIZED.**

**1. Spouse's Consent:**

I hereby consent to this loan being made from the **Medical City Dallas Management, Ltd. 401(k) Profit Sharing Plan** and I understand that in the event of default in the payment of the Note, the Trustees may deduct the outstanding balance of such loans, plus accrued and unpaid interest thereon, from my spouse's vested interest in the Plan, which will result in a reduction of benefits otherwise paid to me.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**2. Certification if no Spouse:**

I hereby certify that I am not currently married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**3. Account Balance less than \$5,000:** I hereby certify that I am married and my account balance is less than \$5,000.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**This request will not be processed without a notary endorsement.**

**NOTARY SEAL:**

Signed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

As a Participant in the **Medical City Dallas Management, Ltd. 401(k) Profit Sharing Plan**, I hereby make application to the Trustees of the Plan for a loan in the amount of \$\_\_\_\_\_.

If my loan is granted by the Trustees, I hereby agree that I will repay the loan in **bi-weekly or semi-monthly (circle one)** installments. I further understand that the Plan shall charge me a reasonable rate of interest on my loan repayments.

I hereby acknowledge and understand that I will be required to pledge all or a portion of my vested account balance as security for the loan.

Printed Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

**A LOAN APPLICATION FEE OF \$135.00 WILL BE DEDUCTED FROM YOUR ACCOUNT, OR YOU CAN ATTACH A CHECK PAYABLE TO CECIL&CO TO YOUR APPLICATION FOR THIS AMOUNT.**