



Medical City Dallas

# Medical City Dallas Management, LTD 401(k) Profit Sharing Plan LOAN APPLICATION AND AMORTIZATION REQUEST

Please allow up to 4 weeks for processing

\_\_\_\_\_  
Name of Borrower

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
City, State, Zip:

\_\_\_\_\_  
Email Address:

\$ \_\_\_\_\_  
Amount Requested

OR  Maximum Available

\_\_\_\_\_  
Daytime Phone Number

All loan payments will be deducted from each paycheck.

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

\_\_\_\_ 1 year

\_\_\_\_ 2 years

\_\_\_\_ 3 years

\_\_\_\_ 4 years

\_\_\_\_ 5 years

**A LOAN APPLICATION FEE OF \$175.00 WILL BE DEDUCTED FROM YOUR ACCOUNT.**

# Medical City Dallas Management, LTD 401(k) Profit Sharing Plan LOAN APPLICATION AND AMORTIZATION REQUEST

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 listed on the first page of this application.

If my loan is granted by the Trustees, I hereby agree that I will repay the loan in installments from each paycheck as indicated on page 1 of this request. 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.

***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.***

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant's Signature: **Please Note: We do not accept Electronic Signatures** \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARY SEAL:

Notary Name: \_\_\_\_\_

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

County of Signing: \_\_\_\_\_ Notary for State of: \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Address \_\_\_\_\_

Notary Phone Number \_\_\_\_\_ Notary Fax Number \_\_\_\_\_ Notary email address \_\_\_\_\_

Names of People Notarized \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did signor(s) provide a photo ID issued by a government entity? No  Yes  Type of ID: \_\_\_\_\_  
(driver license, passport, military ID, state ID, company ID, tribal card)

Please disclose any relationship you may have with the above signor(s). If none, write n/a. \_\_\_\_\_

**\* Notaries please remember to reflect if signor is utilizing a power of attorney.**