

# APPLICATION FOR HARDSHIP LOAN REQUEST

60032 - Orange County IBEW-NECA Electrical Workers Defined Contribution Pension Plan

## To be Completed by the Participant:

Participant's Name \_\_\_\_\_  
first middle last

Social Security No. \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

## HARDSHIP LOAN REQUEST

- I request a loan distribution due to hardship in the following amount: \$ \_\_\_\_\_
- I certify that the amount of hardship in item (1) above is for the following reason(s):
  - Expenses for Medical Care for myself, my spouse, my children, or my other dependent(s).
  - Purchase of My Principal Residence (excluding mortgage payments).
  - Tuition and Related Education Fees including room and board expenses, for the next 12 months for post-secondary education for myself, my spouse, my children, or my other dependent(s).
  - Prevention of Eviction or Foreclosure on my principal residence.
  - Expenses for the Repair of Damage on my principal residence that would qualify for the casualty deduction under §IRC 165.
  - Payment for Burial or Funeral Expenses for my deceased parent, spouse, children or dependents.

### To receive the hardship loan distribution requested above, I certify that the following requirements must be satisfied:

- The distribution amount requested will not be in excess of the immediate and financial need.
- I understand that if I have received at least one (1) loan distribution within the previous twelve (12) months, I must submit documentation to substantiate my hardship request along with this Application for a Hardship Loan Distribution. I understand that, at any time during the hardship loan application process, I must produce substantiating documentation requested by MassMutual. Failure to produce the substantiating documentation may mean denial of my hardship loan request. (For a list of approved forms of documentation, please see the "Permissible Hardship Expenses and Supporting Documentation" included with this application.); and
- I understand that I may be required to produce documentation to substantiate my hardship loan request at a later date and that if the documentation is found to be insufficient, the hardship must be returned to the plan.

## SIGNATURE

By signing this form, I certify that the information I have provided is accurate, to the best of my knowledge. I also certify that I have obtained, and will provide upon request by MassMutual, the documentation necessary to support my hardship loan request.

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

Date \_\_\_\_\_

Please submit this completed form to the following address:

MassMutual Financial Group  
1295 State Street, N134  
Springfield, MA 01111

*Orange County IBEW-NECA  
Personal Loan and Spousal Consent Request*

Members name  
And  
address

Account ID: 60032  
Social Security Number (last 4 digits): 7221  
Prepared: 1/8/2009 (Date of Loan Request)

This confirms your request for a personal loan from your plan. The loan information is detailed below. Your plan requires spousal consent for loans therefore, a copy of this letter must be signed by your spouse, notarized by a Notary Public or witnessed by your plan administrator and be in good order for us to complete the processing of your requested loan.

Please send the information to the following address or fax to 413-744-2020

Massachusetts Mutual Life Insurance Company  
Retirement Services – N134  
1295 State Street  
Springfield, MA 01111-0001

Once we receive the fully completed form, we will complete the loan process and mail the check to your home address along with the loan documentation.

***Loan Information\****

Amount of Loan	\$1,600.00
Annual Percentage Rate	4.25%
Number of Payments	36
Amount of Each Payment	\$47.95

\*These numbers are valid until **January 9, 2009**.

***Spousal Consent***

I, the Participant, confirm that I am not currently married.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates, 1295 State Street, Springfield MA 01111  
Securities offered through MML Investors Services Inc., a wholly owned subsidiary of MassMutual.*