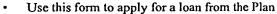
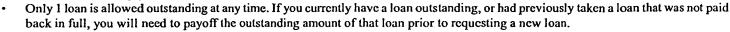
## **PUTNAMINVESTMENTS**

1-877-864-6644

## IBEW Local 306 401(k) Plan

## APPLICATION FOR PARTICIPANT LOAN





· Your decisions about this loan may affect your taxes. You may want to consult a tax or financial advisor.

•	This form is not valid without your signature and a copy of the purchase and sale agreement.	

1. PARTICIPANT INFORMATION	<del></del>		
I certify that I am  ———————————————————————————————————			
Last Name	First Name		M.I.
Address			
City	State	Zip	
(	umber		
2. PARTICIPANT INFORMATION		<del></del>	
I am requesting a loan from my account for:			
General Purpose (maximum repayment period of 60 months)			
Purchase of Primary Residence (maximum repayment of 120 Good Faith Estimate along with this application. Failure to in			
3. LOAN SELECTION	<del></del>		
I hereby request a loan from the Plan in the amount of \$		minimum \$1,000), to be paid back der the Plan.	over a period of
Repayments will be made monthly by coupon, sent by Putnam Inv	estments, and w	vill be invested based on my investme	ent elections.
4. AUTHORIZATION		<del></del>	
I authorize the Plan to withdraw my monthly loan payment from the written notice to terminate it or until such time that the loan is paid		ount. This authorization will remain	in effect until I give
I understand that should Putnam Investments be unsuccessful in ob- missed. I also understand that if no payments are made for a per- treated as a taxable distribution. In the event that I am under age:	iod of 90 days, t	he loan will be subject to automatic	
I understand that I must give advance notice to allow reasonable notifying Putnam Investments of a change in bank account inform		structions to be executed and that I	am responsible for
For payments withdrawn from a checking account, please write "v mail to the address above.	oid" across the f	face of a blank check, staple the voide	ed check below and
The debt will be processed on the first business day of each month.	The amount that	will be debited each month is your mor	nthly loan payment.
Signature		Date	

5. FINANCIAL INSTITUTION INFORMATION FOR SAY If you wish to have your payment withdrawn from a savings acception. If you wish to have your payment withdrawn from a chemical savings and savings acceptance.	ount, please have your financial institution's representative complete this
Name of Bank or other Financial Institution	Savings Account Number
Address	Nine Digit ABA Transit Routing Number
Bank Representative	Telephone Number
6. PARTICIPANT SIGNATURE	
other than myself. I understand that if I fail to repay the loan in fu	ses and not for another participant or any person with an interest in the Plan Il when it is due, any balance remaining will be subtracted from my vested due to me under the Plan. I have read and agree to the rules and procedures
Signature of Participant	Date
7. SPOUSAL CONSENT	
the vested account balance in the Plan. I also understand that to t	to pledge as collateral for a loan from the Plan up to fifty percent (50%) of the extent that my spouse fails to repay any part of a loan from the Plan, the int in the Plan. I further understand that once I have given this consent, lety (90) days of the date below.
Signature of Spouse	Date
Witnessed:	
Signature of Notary Public, or Authorized Plan Representative	Date
8. FUND OFFICE AUTHORIZATION	
Signature of Authorized Signer	Date
9. RETURN FORM	· · · · · · · · · · · · · · · · · · ·
Please return completed form to: IBEW Local 306 401(k) 33 Fitch Boulevard	) Plan

Austintown, OH 44515

CV(11)651021-042 back