

Zilber LTD Employee Savings Plan
LOAN APPLICATION

Name: _____ **Street Address:** _____
Social Security Number: _____ **City/State/Zip:** _____
Telephone Number: Home _____ Work _____
Amount of Loan: \$ _____

(Loan limits: Minimum check amount of \$1,000.00. Maximum = less of 50% of vested balance on the date of the loan origination or \$50,000 reduced by highest loan balance during previous 12 months)

Interest Rate: Prime + 1%, as quoted by Associated Bank, N.A.

Repayment Term: _____ years

(Minimum of 1 year, maximum of 5 years; except loans for the purchase of primary residence, which may have up to a 15-year term)

Purpose of Loan: (Please attach documentation to support your Hardship Loan Request)

- | | |
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| <input type="checkbox"/> Medical care for the employee, the employee's spouse or the employee's dependents that would not be covered or reimbursed by insurance. | <input type="checkbox"/> Payments necessary to prevent eviction from the employee's principal residence, or to prevent foreclosure on the mortgage on that residence. |
| <input type="checkbox"/> Costs directly related to the purchase of a principal residence (not including mortgage payments) for the employee. | <input type="checkbox"/> Payments for tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for the employee, the employee's spouse, the employee's children, or the employee's dependents. |
| <input type="checkbox"/> Payments for burial or funeral expenses for the employee's deceased parent, spouse, children, or dependents. | <input type="checkbox"/> Expenses for the repair of damage to the Participant's principal residence that would qualify as a casualty loss (fire, storm, flood, natural disaster, etc.) under the IRS Code |
| <input type="checkbox"/> Expenses and losses (including loss of income) incurred by the Participant on account of a disaster declared by FEMA, provided that the Participant's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster | |

By signing this loan application, I acknowledge and certify to the following items:

1. I can only have 2 loans outstanding, and this loan will not exceed that limit. If known: I currently have _____ loan(s).
2. This loan is secured by up to 50% of my vested account balance in the plan.
3. I will authorize my employer to implement payroll deductions for loan repayments.
4. I have not defaulted on a Plan loan in the previous 24 months.
5. Scheduled payments of loan principal and interest will be in equal amounts (with the exception of the final payment, which may vary from the normal payment amount) as set forth in the amortization schedule which will be provided to me. However, in the event that loan payments are deferred during an approved leave of absence or if my payroll frequency changes for any reason, I understand and authorize that my employer may increase the loan payment deduction from my paycheck to ensure the balance of the loan, plus accrued interest, is paid in full and amortized over the remaining term of the loan.
6. Scheduled payment amounts may not be increased or decreased, and multiple, advance or partial payments are not permitted except in the event of a return from an approved leave of absence as outlined in #5 above.
7. I may prepay the entire balance at any time without penalty by forwarding a cashier's check or money order (made payable to the Plan) for the full amount of the outstanding loan principal and accrued interest.
8. My loan will be in default if any payment remains unpaid at the end of the calendar quarter following the quarter of the scheduled payment.
9. If I default on the loan, the Plan may enforce any or all of its rights and remedies under applicable law including foreclosing on the loan collateral by reducing my account for the unpaid amount at the earliest distribution date permitted by the Plan without further notice to me.
10. If my employment with the company or any of its affiliates ends for any reason, the entire unpaid loan balance will be due within 90 days following the date of termination of employment.
11. I understand I may not withdraw from or realign my account balance during the period in which this loan application is pending.
12. A Qualified Domestic Relations Order has not been entered giving or purporting to give my former spouse, if any, the right to receive any portion of my benefit under the plan.
13. The fee for processing this application is \$100.00. I understand all fees will be deducted from my retirement account balance, and such fees are earned when paid and are non-refundable.
14. All information provided is true and accurate and complies with the terms of the Loan Policy of which I acknowledge receipt.
15. I have exhausted all other reasonably available resources prior to applying for this loan.
16. I am responsible for making certain that my employer is withholding the proper loan payments. If I determine that a loan payment has not been withheld, I must notify my employer and arrange for make-up loan payment(s) before a default occurs. If I do not make the missed loan payment(s) and a default occurs, I will be subject to adverse federal income taxes.

Participant's Signature: _____ **Date:** _____

Employer Authorization: _____ **Date:** _____