_____

Name of the Plan

Secured Promissory Note Investment Authorization Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # XXX-XX -_____

Account or Plan Number: _____

Part II. Note Information:

$ _____ _____ _____ _____

Amount Interest Rate Maturity Date Type (amortized, IO, etc.)

Monthly Payment $_____ Note Position: ☐ 1st ☐ 2nd ☐ Other _____

Part III. Borrower Information:

_____ _____ _____

First Name M.I. Last Name

_____

Borrower's Tax ID#

Part VI. Plan Administrator/Trustee Signature:

_____ _____

Plan Administrator/Trustee Date