
Name of the Plan

Unsecured 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

Monthly Payment \$ _____ Type (amortized, IO, etc.): _____

Part III. Borrower Information:

Borrower's Name

Borrower's Tax ID#

Part VI. Plan Administrator/Trustee Signature:

Plan Administrator/Trustee

Date