

**Restated 401(k) Retirement Plan  
for the  
Southern Nevada Glaziers & Fabricators Pension Trust Fund**

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**SUMMARY OF LOAN PROGRAM RULES**

**Borrowing Money From Your Account**

If the value of your individual account balance is \$5,000 or more, you may be eligible to borrow money from your account. **If you apply for and take a Loan distribution, your Individual Account balance will be reduced by the amount of the Loan. After taking the Loan, your monthly loan payments will be credited to your Individual Account. Any portion of the Loan that is not repaid will be reported as a taxable Plan Distribution.**

**Eligibility**

Loans are available to any Plan Participant if the account balance is at least Five Thousand Dollars (\$5,000) and your Individual Account has not been withdrawn or terminated. If you are married, your spouse must consent to the Loan in writing, witnessed by a representative of the Plan Administrator or notary public. You are not eligible if: (a) you are working, or have worked in the twelve (12) months prior to submitting an application, for an industry employer who is not signatory to a collective bargaining agreement with a Sponsoring Union, unless such work is or was in furtherance of and approved by a Sponsoring Union for organizing activity or such employer otherwise makes contributions to the Plan pursuant to a Participation Agreement; (b) your Individual Account balance is less than \$5,000 at its most recent evaluation; or (c) you have Terminated prior to Retirement, as defined in the Plan Document.

Your Loan may not be approved if:

- you have defaulted on a prior loan from the Plan (with limited exceptions described below);
- there is a reasonable possibility you will not repay the Loan;
- you do not submit additional requested information in a timely manner;
- you do not follow the Plan's Participant Loan Program Rules;
- you are going through a divorce where a QDRO has not been established; or
- the purpose of (or need for) the loan is to transfer Individual Account proceeds to an unauthorized third party or the Loan may be a Prohibited Transaction under the Plan, the Internal Revenue Code and/or ERISA.

**Purpose of the Loan**

A request for a Loan must be based upon one of the following purposes (needs):

- purchase of your principal residence;
- medical expenses incurred by, or amounts necessary to obtain medical coverage for, you, your Spouse, your Children or other Dependents;
- tuition and related education fees for you, your Spouse, your Children or other Dependents;
- prevention of eviction from or foreclosure upon your primary residence;
- burial or funeral expenses for your deceased parent, Spouse, Child or other Dependent; or
- purchase of an automobile for you.

The Plan Trustees have absolute discretion to determine if an application meets one of the permitted

purposes. You must provide documentation or proof of the purpose or need for the Loan. If approved, the Loan proceeds shall be paid by the Plan directly to your debt holder (i.e. hospital, medical institution, educational institution, landlord, funeral home, mortgage holder, etc.) that you indicate as the purpose of the Loan.

### **Minimum and Maximum Loan Amount**

The minimum loan amount is \$2,500. You may borrow up to: (i) fifty percent (50%) of the amount in your Individual Account as of its last Valuation; or (ii) \$50,000.00, whichever is less (subject to the following additional calculation rules). If a prior Loan is outstanding at any time during the twelve (12) months preceding the application date for the new Loan, the new Loan limit is reduced by the highest outstanding Loan balance during the prior twelve (12) month period. Additionally, no loan amount may exceed the lesser of: (a) \$50,000 reduced by the highest outstanding balance of a loan from the Plan during the one (1) year period ending on the day before the date on which such loan is made, or (b) the greater of fifty percent (50%) of your Individual Account balance or \$10,000. You may request a calculation of your maximum loan amount and projected payment schedule from the Plan Administrator prior to submitting a Loan Application.

### **Loan Application & Documentation**

You must submit the Loan Application to the Plan Administrator. Any additional Loan information needed by the Plan will be requested from you. A Loan Application for the purchase of your primary residence must include a copy of a fully-executed purchase agreement, escrow agreement, residential loan papers (i.e. mortgage documents) and any estimated closing statement. Loan Applications submitted with all required documentation by the tenth (10th) calendar day of each month may be funded, if approved, by the first (1st) business day of the following month. A Participant may only have one (1) Loan outstanding at any time.

### **Repayment and Terms**

The maximum loan period is generally 5 years. However, if the purpose of the loan is for the purchase of your primary residence, the maximum loan term is 10 years.

You must repay your loan monthly. Payments must be submitted to BeneSys Administrators, P.O. Box 400608, Las Vegas NV 89140. All loan payments are due by the first (1st) day of the month and shall be considered late after the 15th day of the month and subject to a late payment fee of \$15.00. The postmark date of the payment shall apply for purposes of application of a late payment penalty but for purposes of valuation of your Individual Account the date the payment is received shall apply. You will be provided a detailed repayment schedule by the Plan Administrator prior to the funding of your Loan.

If you have an outstanding Loan balance when a required minimum monthly Distribution is scheduled to be made, as required by law, you must maintain a minimum Individual Account balance not less than the Loan balance and Loan Charges multiplied by a one hundred and two percent (102%). If the Loan balance and Loan Charges exceed this ratio, you will be required to make an additional Loan payment to

reduce the Loan balance and Loan Charges to fall within the ratio. Otherwise, if you do not make any such required Loan payment, the Loan will be deemed delinquent and shall be due and payable in full.

Loan payments are not required during the period you are on military leave and such payment suspension will not be considered a Distribution by the Plan.

### **Interest**

You must pay interest on the Loan. The interest rate is the prime rate published in the Wall Street Journal on the last Friday of the prior Calendar Year, plus one percent (1%) ("Rate"). The Rate will be fixed remaining in effect through the Loan Term. The interest you pay on a Loan will be credited to your Individual Account.

### **Administrative Fee**

The total Loan amount due and payable shall include an administrative fee of One Hundred Dollars (\$100.00) which shall be advanced from your Individual Account in addition to and in the same manner as the amount borrowed.

### **Collateral/Security**

The Loan will be secured by a lien on your Individual Account equal to the value of the outstanding Loan balance and Loan Charges. The Loan will be further secured by a written Assignment of Earnings, wherein you will assign a portion of your earnings to the Plan until the Loan is repaid. The Loan will be further secured by a written Confession of Judgment, wherein you will agree that Judgment may be entered against you by the Plan for the outstanding Loan amount and Loan Charged in the event of default. The Plan will not take action on this collateral unless you default on your Loan payments.

### **Loan Default**

Your Loan will be considered in default if any of the following events occurs before the Loan amount and Loan Charges are paid in full: (1) if any Loan payment becomes ninety (90) days delinquent; (2) if a Loan payment is not received by the last day of the Calendar Quarter following the Calendar Quarter that the payment was due; (3) if a distribution is required to be made under a qualified domestic relations order affecting my Individual Account and the distribution would exceed my interest in the Plan less the amount of the Loan plus any administrative fees, accrued and unpaid interest, late fees, attorney's fees and collection costs ("Loan Charges"); (4) if, when a required minimum monthly Distribution is scheduled to be made, as required by law, I have an outstanding Loan balance and the minimum Individual Account balance is less than the Loan balance and Loan Charges multiplied by one hundred and two percent (102%) and I fail to make a payment sufficient to reduce the Loan balance and Loan Charges to fall within the ratio upon written notice from the Administrator; and (5) my death.

If your Loan is considered in default, the Trustees and the Plan Administrator must notify the Internal Revenue Service. Your outstanding balance (including any outstanding interest) will be classified as a distribution and you may incur tax penalties. The Trustees may take legal action necessary to recoup any

payments due or the full outstanding balance, including (1) foreclose on the lien on your Individual Account by deducting the unpaid Loan balance plus Loan Charges from your Individual Account; (2) enforce the Assignment of Earnings; and (3) file and enforce the Confession of Judgment.

In the event of your death, the entire outstanding Loan amount, including Loan Charges, shall be deducted from your Individual Account prior to any Distribution to a Beneficiary.

Normally, you will not be eligible to receive another Loan from the Plan if you default on your Loan. You may, however, be relieved of this restriction if: (i) you repay the original loan, with all accrued interest, to the Plan before you apply for a new loan; and (ii) the prior default did not occur during the ten (10) year period prior to your application for a new loan.

Repayment of a loan previously in default will not relieve you of any tax penalties incurred on account of the prior default.

### **Non-Dischargeable**

Please take notice that you may not be able to discharge a Loan from the Plan in bankruptcy in the manner you would other debts. By submitting a Loan Application to the Plan, you agree that: (i) the Plan is established under Section 401 of the Internal Revenue Code; (ii) a Loan under the Plan's Loan Program is a debt to a pension or profit sharing plan established under Section 401 of the Internal Revenue Code and is a loan permitted under Section 408(b)(1) of the Employee Retirement Income Security Act of 1974; and (iii) the Loan is a debt that is non-dischargeable under Section 523(a)(18)(A) of the United States Bankruptcy Code [11 U.S.C. § 523(a)(18)(A)].

\* \* \* \* \*

This Notice shall serve as a Summary of Material Modifications to your Plan and should be kept with your current Summary Plan Description for future reference. You can find out more about the Plan in the Plan's Summary Plan Description (SPD) and Plan Document. You can find out more about the Loan Program in the Participant Loan Program Rules. To obtain more information about Loans you can contact the Plan Administrator by calling **(702) 415-2191** or by writing to:

Southern Nevada Glaziers and Fabricators 401(k) Pension Trust Fund  
c/o BeneSys Administrators  
P.O. Box 400608  
Las Vegas NV 89140

**Restated 401(k) Retirement Plan  
for the  
Southern Nevada Glaziers & Fabricators Pension Trust Fund**

**LOAN APPLICATION**

Last Name	First Name	Social Security Number
Address		Date of Birth
City, State, Zip Code		Telephone Number
Present Employer		Work Phone Number

Marital Status:  Single  \*Married  \*Divorced  \*Widowed  \*Separated  \*Other  
\*If response is other than Single, please supply supporting documents.

Spouse's Last Name	First Name
Address	City, State, Zip Code

**AMOUNT OF LOAN REQUESTED \$** \_\_\_\_\_

Loans must be in full dollar amounts and may not include fractions of a dollar.

The Plan needs sufficient information regarding your income to assure that the loan is likely to be repaid. If you had no hours worked or contributions made on your behalf to the Plan during the past year, please furnish copies of your W2's and tax returns as filed with the Internal Revenue Service for the three (3) most recent years.

**PURPOSE OF LOAN**

- Purchase of your principal residence. \* **You must attach a copy of the fully-executed purchase agreement, escrow agreement, residential loan papers (i.e. mortgage documents) and any estimated closing statement.**
- Medical expenses incurred by, or amounts necessary to obtain medical coverage for, you, your Spouse, your Children or other Dependents. You must attach a copy of medical invoices.
- Payment of tuition and related education fees for you, your Spouse, your Children or other Dependents. You must attach a copy of the tuition bill.

- Prevention of eviction from or foreclosure upon your primary residence. You must attach a copy of your eviction or foreclosure notice.
- Burial or funeral expenses for your deceased parent, Spouse, Child or other Dependent. You must attach a copy of invoices.
- Purchase of an automobile for yourself. You must attach a copy of the invoice for the vehicle to be purchased.

You may be required to submit additional documentation. If approved, the Loan proceeds shall be paid by the Plan directly to your debt holder (i.e. hospital, medical institution, educational institution, landlord, funeral home, mortgage holder, etc.) that you indicate as the purpose of the Loan.

**Requested Period of Loan:** \_\_\_\_\_ months commencing the first day of \_\_\_\_\_, 20\_\_\_\_.

**The period for repayment of the loan requested must not be in excess of five years or less than one year. However, if the purpose of the loan is for your purchase of a principal place of residence the period of repayment may be up to ten years, with supporting documentation (i.e. executed purchase agreement, escrow agreement, etc.).**

#### **INTEREST RATE**

I understand the loan will bear simple interest at the prime rate plus 1% per annum. I further understand that repayment of principle and interest must be made in equal periodic monthly payments in the amount determined by the Plan Administrator.

#### **ADMINISTRATIVE FEE**

I understand that the total Loan amount due and payable shall include an administrative fee of \$100.00 which shall be advanced from my Individual Account in addition to and in the same manner as the amount borrowed.

#### **CREDIT WORTHINESS**

I understand that I must submit a personal financial statement with this Loan Application and that the Plan will use this information to determine my "credit worthiness" for the Loan. I understand that the Plan Trustees have absolute discretion to approve, condition or deny my Loan Application based on the information submitted in this Loan Application and my personal financial statement.

#### **ACKNOWLEDGEMENT**

I acknowledge that I intend to repay this Loan and abide by the Participant Loan Program Rules and such other rules and regulations established by the Trustees and applicable to this Loan. This is a bona fide Loan and will not be regarded by me as distribution of money in my Individual Account. I further acknowledge that the remaining balance in my Individual Account is assigned to the Trust as security for this loan. I acknowledge and agree that I will assign a portion of my earnings ("Assignment of Earnings") to the Plan until the Loan is repaid as security for this Loan. I further agree that Judgment may be entered against me ("Confession of Judgment") by

the Plan for any outstanding Loan amount and Loan Charges in the event of default. I understand and agree to pledge such other security as the Plan may require as a condition of obtaining this Loan.

### **PAYMENT TERMS AND DELINQUENT CHARGES**

Payments are due by the **first** (1<sup>st</sup>) of each consecutive month during the period for repayment. If the Fund Office does not receive the payment by the **fifteenth** (15<sup>th</sup>) day of the month, I understand the Plan Administrator will charge me **\$15** for each month in which I have a delinquent balance, and I authorize the Plan Administrator to deduct such amount from the remaining balance in my Individual Account. The postmark date of the payment shall apply for purposes of application of a late payment penalty but for purposes of valuation the date the payment is received shall apply.

### **PROCEDURE IN THE EVENT OF DEFAULT**

I acknowledge that my loan will be considered in default: (1) if any Loan payment becomes ninety (90) days delinquent; (2) if a Loan payment is not received by the last day of the Calendar Quarter following the Calendar Quarter that the payment was due; (3) if a distribution is required to be made under a qualified domestic relations order affecting my Individual Account and the distribution would exceed my interest in the Plan less the amount of the Loan plus any administrative fees, accrued and unpaid interest, late fees, attorney's fees and collection costs ("Loan Charges"); (4) if, when a required minimum monthly Distribution is scheduled to be made, as required by law, I have an outstanding Loan balance and the minimum Individual Account balance is less than the Loan balance and Loan Charges multiplied by one hundred and two percent (102%) and I fail to make a payment sufficient to reduce the Loan balance and Loan Charges to fall within the ratio upon written notice from the Administrator; and (5) my death.

In such event, I authorize the Plan Administrator to: (1) foreclose on the lien on my Individual Account by deducting the unpaid Loan balance plus Loan Charges from my Individual Account; (2) enforce the Assignment of Earnings; (3) file and enforce the Confession of Judgment; (4) or to foreclose on any other assets I have pledged as security. I further understand that the Fund Office will automatically notify the Internal Revenue Service if my delinquency results in a default and it may be regarded by IRS as an early distribution which may subject me to tax liability and penalties.

If I die before the loan obligation is repaid, the full outstanding balance of the loan will be offset against any amount due to any of my beneficiaries who may be entitled to receive death benefits or a survivor annuity from my Individual Account.

### **ACKNOWLEDGEMENT OF READING PLAN PROVISIONS AND RULES AND REGULATIONS OF THE BOARD OF TRUSTEES APPLICABLE TO LOANS**

I acknowledge that I have been provided with a copy of the Participant Loan Program Rules and Plan Document provisions adopted by the Board of Trustees regarding applications for Loans. I have read these documents and agree to abide by their terms and conditions. I understand that in the event my application for a Loan is granted, it is my responsibility to confirm that the resulting Loan complies with the requirements of the Internal Revenue Service. I further understand and acknowledge that in the event my application for a Loan is granted, any tax

liability resulting from the failure of my Loan to comply with any requirements of the Internal Revenue Service is my responsibility.

Any material false statements on this application will be grounds for denial of the Loan, and upon discovery of any false statements after the Loan has been issued, the Loan may be immediately cancelled by the Plan and all amounts shall become due and payable. Furthermore, if any tax liability is incurred because of a failure of my Loan to comply with any requirements of the Internal Revenue Service which is due, in part or in whole, to any material false statements by me, such tax liability shall be my sole responsibility. **I hereby certify that all statements made in this application and any supporting documents are true and complete and submitted for the purpose of obtaining a Loan from the Plan.**

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Signature of Applicant

Date

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Signature of Spouse

Date

#### **SPOUSAL CONSENT TO LOAN APPLICATION**

I am the spouse of the Participant named below. I acknowledge that I have been provided with a copy of the Participant Loan Program Rules and Plan Document provisions adopted by the Board of Trustees regarding applications for Loans. I have read these documents and agree to abide by their terms and conditions. I acknowledge that any Loan made to my spouse will reduce the amount to which I may be entitled to in the event of my spouse predeceasing me or in the event of a divorce or other domestic relation proceeding resulting in the termination of the marital relationship or a legal separation.

I hereby consent to my spouse's application for a Loan in the amount of \$ \_\_\_\_\_ from the Southern Nevada Glaziers and Fabricators 401(k) Pension Trust Fund. It is my understanding that the amount of the Loan is \$ \_\_\_\_\_ and that the current balance of my spouse's Individual Account is \_\_\_\_\_.

Further, I consent to the reduction of my spouse's Individual Account balance by the initial amount of the Loan and any accrued interest, administrative fees, late fees, and collection costs, or in the event of any default(s) or failure of my spouse to repay the Loan as may be specified by the terms of any Loan agreement or the provisions of the Plan, and I acknowledge the legal effect of such consent.

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Participant's Name

Participant's Social Security Number

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Spouse's Name

Spouse's Social Security Number

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Spouse's Signature

## **DECLARATION OF MARITAL STATUS - THIS FORM MUST BE NOTARIZED**

Participant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Marital Status:  Single  \*Married  \*Divorced  \*Widowed  \*Separated  \*Other

### **PRESENT SPOUSE**

Present Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

### **PRIOR SPOUSE(S)**

Prior Spouse's Name \_\_\_\_\_ Date of Prior Marriage \_\_\_\_\_ Date Prior Marriage Terminated \_\_\_\_\_

Marriage terminated because of:  death  divorce/dissolution  other (specify): \_\_\_\_\_

Prior Spouse's Present Address: \_\_\_\_\_

**Please attach a separate sheet of paper providing the information requested for each of your prior marriages.**

Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any portion of your Individual Account and benefits from the Plan?  Yes  No

If yes, please attach a copy of that court order, if a court proceeding is presently pending, indicate the name of the court and the case number.

**I certify that all the information provided on this form is complete and accurate.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public in and for the said State, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal. \_\_\_\_\_  
Notary Public

**PERSONAL FINANCIAL STATEMENT - CONFIDENTIAL**

Name	Address		
Telephone Number	City, State, Zip Code		
Assets	<i>In Even Dollars</i>	Liabilities and Net Worth	<i>In Even Dollars</i>
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: Plan Loans —See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable— See Schedule D		Real Estate Mortgages Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$

Sources of Income	<i>In Even Dollars</i>	General Information	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income		Phone No.	
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain:	
<b>TOTAL</b>	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.			
		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	
		Income taxes settled through (Date)	

<i>Contingent Liabilities</i>		<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor		\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:
On leases			
Legal claims			Have you ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:
Provision for federal income taxes			
Other special debt, e.g., recourse or repurchase liability			Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>TOTAL</b>		\$	Number of dependents _____ Ages _____

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owing</i>	<i>Monthly Payment</i>	<i>Secured by What Assets</i>
<b>TOTAL</b>		<b>TOTAL</b>				

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

<i>Number of Shares, Face Value (Bonds), or % of Ownership</i>	<i>Indicate:</i> 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	<i>In Name of</i>	<i>*Market Value</i>	<i>Pledged</i>	
				<i>Yes (█)</i>	<i>No (█)</i>
<b>TOTAL</b>					

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acquired	Present Mkt. Value	Mortgage or Land Contract Payable		
				Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>						

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acquired	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>				

I/we have carefully read and submitted the foregoing information provided on all pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining a Loan from the Plan. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Plan of said change(s) and unless the Plan is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Plan to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Plan any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.**

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**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.**

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Social \_\_\_\_\_ Date of  
Signed \_\_\_\_\_ Security No. \_\_\_\_\_ Birth \_\_\_\_\_

Spouse's  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Social \_\_\_\_\_ Date of  
Signed \_\_\_\_\_ Security No. \_\_\_\_\_ Birth \_\_\_\_\_