

# Request for Loan Paperwork

**Mail To:**

AMI Benefit Plan Administrators, Inc.  
100 Terra Bella Drive  
Youngstown, Ohio 44505

**Email To:**

[PMT@amibenefit.com](mailto:PMT@amibenefit.com)

**Fax To:**

1-866-436-6703

**Questions:**

1-800-451-2865

[www.amibenefit.com](http://www.amibenefit.com)

## Information Regarding the Request for Loan Paperwork

- Use this form to request AMI to determine loan availability. If we are able to approve the loan, we will send you formal loan paperwork to sign and return.
- Refer to your plan's Summary Plan Description to determine your plan's loan policy (found online).
- The maximum loan is the lesser of 50% of your vested account balance or \$50,000 (reduced by any outstanding loans in the last 12 months).
- The minimum loan is \$1,000. You must have a vested account balance of \$2,000 to qualify for a loan.
- The maximum repayment period is 5 years. Your plan may allow longer for a loan to purchase a home.

## My Information

Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

Street

City

State

Zip

SSN (last four) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ DOH \_\_\_\_/\_\_\_\_/\_\_\_\_ Married? Y  N

Phone number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

## Loan Request Details

Reason for Loan Request (Check One)	How would you like the paperwork delivered?
<input type="checkbox"/> Other	<input type="checkbox"/> Mail to the address above
<input type="checkbox"/> Purchase of a Primary Residence (AMI will need a copy of a mortgage estimate. Review your plan's loan policy to determine the permitted length of a loan for the purchase if a primary residence.)	<input type="checkbox"/> Email to the address on file with AMI  Log into your account at <a href="http://www.amibenefit.com">www.amibenefit.com</a> to verify or change your email with AMI.
<b>AMOUNT OF LOAN REQUESTED: (Choose One)</b>	
<input type="checkbox"/> Maximum Amount Available	
<input type="checkbox"/> Dollar Amount \$ _____	
<input type="checkbox"/> Dollar Amount \$ _____ OR Maximum Amount Available, if LESS.	
Length of Loan In Years _____ (1-5) OR Length of Loan in Months _____ (1-60)	
How often are you paid?	
Note to AMI:	

## Signature

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_