



ANNUITY AND PENSION FUNDS OF THEATRICAL STAGE EMPLOYEES LOCAL NO. 4, IATSE



UNION TRUSTEES
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EMPLOYER TRUSTEES
KEITH STUBBLEFIELD
ROBERT USDIN

Annuity Fund Of Local No.4, Loan Request

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Loan Amount (*not to exceed 50% of fund balance*):\$ _____ Term (# of months): _____

SPOUSAL CONSENT TO LOAN (if married) :

I, _____, the lawful spouse of _____,
(Print Spouse's Name) (Print Participant's Name)

hereby consent to the Plan lending \$_____ to my spouse. By this consent, I acknowledge that the benefits that eventually might otherwise be payable to me will be reduced by any outstanding balance as of the benefit payment date.

(Spouses Signature) Date: _____

 Date: _____

NOTARY

I, _____, hereby certify that I am not currently married or
(Print Participant's Name)

my spouse cannot be located, and therefore, completion of the above is not required. (*Notarize above*)

AUTHORIZATION

(Participant's Signature) Date: _____

 Date: _____

NOTARY

(Plan Administrator) Date: _____

Loan Amount (*not to exceed 50% of fund balance*):\$ _____ Term (# of months): _____