



CWA Savings & Retirement Trust

Plan Number: 990500050

LOAN PAYMENT ACH BANK INFORMATION- *To update bank information only*

1. Participant Information

Social Security Number _____ - _____ - _____ Birth Date _____ / _____ / _____

Name _____ Hire Date _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ E-mail Address _____

Evening Phone _____ Employer _____

2. ACH Direct Payment Information for loan repayments. *To be completed if you already have an outstanding loan balance and are updating bank information only.*

- A. **Checking Account #:** _____
- B. **Savings Account #:** _____

Bank ABA Routing #: _____

Bank Name _____ Phone Number _____

Street Address _____

City _____ State _____ ZIP _____

Please include an unsigned check from your account, marked "VOID".

I hereby authorize MassMutual Retirement Services to debit my principal and interest repayments on my outstanding loan balance from the account stated above. The payments will be debited on the 15th of each month (or the first business day after the 15th) from the above referenced institution through the Automated Clearing House system until the loan is repaid in full.

3. Participant Request & Signature

I agree to make interest and principal payments when due. I understand that failure to make such payments when due will jeopardize the status of the loan as a non-taxable transaction and could result in the IRS treating the loan proceeds as a taxable distribution to me. In that event, I will immediately become liable for taxes and applicable penalties for premature distribution. I also understand that failure to repay this loan will reduce the benefits available to me from the retirement plan by the amount of the outstanding loan balance plus interest. Finally, I acknowledge that my loan is subject to the terms of the plan document.

Participant Signature _____ Date _____

Notary Seal of Approval Required:

On this _____ day of _____ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the Participant identified above.

Witness Signature _____ (Notary Public)

Commission Expires _____ Seal _____

Return Form along with Voided Check to the CWA SRT Trust Office:

CWA Trust Office
501 Third Street NW
Washington, DC 20001

For faster service please email to cwasrt@cwa-union.org or fax to 202-783-2748.

Participant Service Center Representatives are available by calling the Retirement Plan Information Line at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to help you answer general questions you may have about your loan or about the Plan. **You may also contact the CWA Trust Office at 202-434-1389.**