

Today's Date: \_\_\_\_\_

Omega, Inc.

5790 Widewaters Pkwy.

Dewitt, NY 13214

Fax: 315-449-4148

Plan Name:

As Trustee, I authorize \_\_\_\_\_ to take a loan from his/her  
Plan assets. The information needed to initiate the loan is as follows:

Participant Name

Address

SS#

Date of Birth

Loan Amount: \_\_\_\_\_ Next Payroll Date \_\_\_\_\_

Term: \_\_\_\_\_ (one to five years in whole years)

Payroll Frequency: \_\_\_\_\_ (weekly, bi-weekly, semi-monthly, monthly)

Rate: \_\_\_\_\_ % (Use the prime lending rate plus one or two percentage points. Must be the same for all loans.)

Please send all loan paperwork to \_\_\_\_\_ (Trustee or Contact, not  
participant) at \_\_\_\_\_ (e-mail address) or via postal mail.

Yours truly,

Plan Trustee