

Today's Date: _____

Omega, Inc.
5793 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: _____

Street Address: _____

City, State, Zip _____

SS# _____ Date of Birth: _____

Loan Amount Requested: _____

Next Payroll Date _____

Payroll Frequency: _____ (weekly, bi-weekly, semi-monthly, monthly)

Term: _____ (one to five years in whole years)

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