

INSTRUCTIONS

To request a loan, complete all applicable sections of this form, obtain any required signatures, and return the form to your Plan Sponsor at Flint Plumbing And Pipefitting Industry 6525 Centurion Drive Lansing MI 48917 Phone: 517-327-2139. If you have questions regarding the completion of this form, please call us at 800-755-5801.

PLAN SPONSOR INFORMATION

Plan Name	<input type="text" value="Flint Plumbing And Pipefitting Industry Defined Contribution Plan"/>		
Contract/Account No.	<input type="text" value="UN62019"/>	Affiliate No.	<input type="text" value="00001"/>
		Division No.	<input type="text"/>

PERSONAL INFORMATION (For distribution by check, any address change on this distribution request will require your notarized signature)

Social Security No.	<input type="text"/>	Date of Birth	<input type="text"/>
		(mm/dd/yyyy)	
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone No.	<input type="text"/>	Ext.	<input type="text"/>
E-mail Address	<input type="text"/>		

MARITAL STATUS

Complete this section to confirm or change your marital status on file for this plan.

Marital Status: Married Single/Divorced

Please note that for purposes of indicating your marital status under the plan, both the IRS and DOL have indicated that a domestic partnership or a civil union would be considered 'single'.

LOAN INFORMATION

Requested Loan Amount \$

FOR INTERNAL USE ONLY

Loan Number

Requested Loan Period: year(s) (one year increments only) minimum 1 Year / 5 Years maximum.

To deliver the check to an alternate address, please see Participant Signature section.

TERMS AND CONDITIONS

- The loan amount must meet the minimum permitted by the plan. The loan amount, when added to the outstanding balance of any other loans from all plans of the controlled group, may not exceed the lesser of (1) \$50,000 reduced by an amount equal to the highest outstanding loan balance (if any) during the previous 12 months, or (2) 50% of the value of the vested interest in the participant's account. If the amount requested is more than the amount available, the maximum loan amount available will be processed.
- The loan will be withdrawn from the participant's account based on the plan's provisions and administrative procedures. (Please refer to your Summary Plan Description or contact us for additional information.) Any amount so withdrawn will not share in investment gains or losses until repaid.

- The term of the loan when issued, will be between 1 and 5 years. Partial loan periods are not permitted. Please check your Summary Plan Description or contact us for more information.
- A non-refundable loan set-up charge of \$75.00 will be deducted from the participant's account, as indicated on the Loan Note and Security Agreement.
- Loan repayments are due on the dates prescribed by the Plan Sponsor, based on your repayment frequency, and consistent with the terms of the plan.
- Each payment shall be equal to the sum of (1) the prorated equivalent of the annual loan interest payable on the remaining principal and (2) an installment payment of the loan principal. Each repayment will be credited back to the account in accordance with the investment allocation in effect at the time of repayment. A repayment may not be treated as a new contribution.
- If the plan provides, loan repayments will be suspended while the participant is (1) performing service in the uniformed services as provided under Internal Revenue Code Section 414(u)(4), or (2) on authorized non-military leave (suspension not longer than one year) with reduced or insufficient pay to cover the loan repayment. The suspension of payments because of non-military leave cannot extend the term of the loan beyond the original maturity date of the loan.
- The loan interest rate will be determined according to plan provisions.
- The loan may be prepaid in full with advance notice to Transamerica and the plan sponsor. No prepayment penalty applies.
- If the loan is declared in default, a taxable distribution can be reported to the Internal Revenue Service. To the extent permitted by law, the participant's account balance will be reduced (offset) in order to repay the loan.
- This Loan Application must be submitted without modification or alteration and all applicable sections must be completed.

PARTICIPANT SIGNATURE

Please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim from a group annuity contract issued in New York, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. States other than New York also have insurance fraud statutes, which impose penalties for any violation thereof.

For Married Participants: I elect to waive qualified joint and survivor benefits with respect to the loan amount I have requested to be withdrawn from the plan. I understand that such waiver is not effective unless I obtain the written consent of my spouse, witnessed by my Plan Sponsor or a Notary Public.

I hereby apply for a cash loan from the vested funds in my account. I have read, understand and agree to the terms and conditions of this Loan Application and the loan provisions in the plan. I accept full responsibility for adherence to the requirements of the loan to avoid realization of taxable income. I agree that Transamerica may deduct a \$35 fee from my plan account in the event a loan payment check is returned by Transamerica's bank for insufficient or uncollected funds, or any other reason attributable to the borrower.

This transaction is subject to a loan maintenance fee of \$6.25 deducted from your account on a quarterly basis.

I hereby warrant that all of the statements and information contained in this request/form (including my current marital status) are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and Transamerica. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Transamerica, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements. I certify that the information provided on this form is correct and complete.

To deliver the check to an alternate address, indicate the name of the addressee and that address below. If an alternate address is not listed, the check will be mailed to the address listed on the General Loan Form. *Note: A request for an alternate address will require your notarized signature below.*

Contact Name: _____

Street Address: _____

City, State, Zip: _____

X _____
Participant Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

Note: If you have not yet established your Transamerica online account and provided an email address or if you have recently made changes to any of your contact information, in order to have your request processed timely, **please have the notary stamp placed in the space provided below.** The Plan Administrator may choose to waive the notary requirement by initialing in the appropriate box in the Plan Sponsor Approval section of this form.

X _____ **X** _____
Notary Public Signature and Stamp Date

SPOUSAL CONSENT (IF MARRIED)

I consent to my spouse's request for a cash loan from the vested funds in his/her account. I understand that such consent means that any benefits which may be payable from such account under the plan at my spouse's death or retirement, will be reduced by the balance of any unpaid loan principal and interest and any loan charges.

Transamerica will accept faxed documents for gross distribution requests of less than \$50,000, provided that where spousal consent is also required, the spouse's signature must be duly witnessed by a notary using his/her notary stamp. (A gross distribution is the amount of the requested withdrawal prior to deduction of any tax withholding.)

For gross distribution requests: (a) of \$50,000 or more or (b) involving notarized spousal consents that do not show the notary's stamp - either because the notary's state/district does not permit use of a notary stamp (e.g., Alabama, Washington, DC) or for any other reason permissible by the notary's state - original documents must be mailed, not faxed.

X _____ **X** _____
Spouse Signature Date

WITNESSED

X _____ **X** _____
Notary Public Signature and Stamp/Seal Date

PLAN SPONSOR APPROVAL

Note: This loan request cannot be processed unless all applicable sections of this form have been completed.

Spousal Consent: _____

I certify that this form is correct and complete, this transaction is permissible under the provisions of the plan, and that any required consents and waivers have been obtained.

X _____ **X** _____
Plan Sponsor Signature Date

By Initialing in the Box to the Right, I hereby also Waive the Notary Public requirement for the Participant's Signature []

Note: Any loan which is subsequently discovered to be in excess of the maximum IRS limit when made, is subject to immediate taxation in the year the loan was issued. Therefore, it is very important to determine if the participant has a plan loan (with another service provider) that (1) was in existence within the last 12 months and (2) was issued by a plan (including any affiliates).

Completed forms should be returned to Transamerica at 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 or fax to 866-835-8863.

This information only applies to defined contribution retirement plans subject to the joint and survivor annuity requirements. The information provided in this Explanation is intended to be general in nature; not all plan provisions and options are available under your plan. To confirm the specific terms of your plan, or to confirm if your plan is subject to these requirements, please refer to your Summary Plan Description or contact your Plan Administrator.

General

As a plan participant, you may generally receive benefits when you reach your normal retirement age under the plan or terminate employment, provided your plan account has monies in it available for your withdrawal. However, some money purchase plans require an employee who terminates employment prior to the early/normal retirement age under the plan to wait until a certain age to withdraw his/her funds. If your plan allows in-service withdrawals for hardship or upon your attainment of age 59 1/2 or for any other reasons, you may also elect to receive benefit payments if you have satisfied the applicable plan requirements. If you are married on the date your benefit payments begin, you will be paid automatically in the form of a Qualified Joint and Survivor Annuity. This means that you will receive a monthly benefit for the rest of your life, and then after you die, your spouse, if living, will receive a monthly benefit for as long as he or she lives.

Your surviving spouse's monthly benefit must be at least half of (and not more than 100%) the monthly benefit you would have received. Receiving benefits in this form usually means that your monthly benefits will be less than what you would receive under other forms of benefit. The reason for this difference is that Qualified Joint and Survivor Annuity benefits are intended to be paid over two lifetimes (yours and your spouse's).

You may elect to receive benefits in a form other than a Qualified Joint and Survivor Annuity, but your spouse must consent to this election, in writing, witnessed by your Plan Administrator or a Notary Public. If you wish to designate a person other than your spouse as your beneficiary, you must obtain your spouse's written consent to your beneficiary designation. If established to the satisfaction of your Plan Administrator that your spouse cannot be located, spousal consent is not required. Generally, your benefit election may be made and/or cancelled only during the 180 days before your benefit starting date. If you waive the Qualified Joint and Survivor Annuity, then cancel such waiver prior to the date that benefit payments begin, your benefit will be paid in the form of a Qualified Joint and Survivor Annuity pursuant to the provisions of the plan. If you properly waive the Qualified Joint and Survivor Annuity benefit, you may elect one of the forms of benefit indicated below.

Please note, the plan may provide that if the cash value of your benefit is less than a specified amount (generally \$5,000 or less, if any), your benefit will be paid to you in a single sum, or automatically rolled over to an IRA (if required by federal law).

If you are *not* married on the date your benefit payments begin, you will be paid automatically in the form of a Straight Life Annuity unless you elect a different form of benefit. Under a Straight Life Annuity, you are paid a monthly benefit for your lifetime with no benefit payable upon your death.

Upon written request to your Plan Administrator, you may obtain further information, including the approximate amounts payable under the Qualified Joint and Survivor Annuity and other forms of benefit available under the plan.

Under the provisions of the plan, you may, with your spouse's consent if you are married, request that your benefit be paid under the optional form of benefit which is best suited to your particular needs and circumstances. The amount of monthly income payable will depend upon the form of payment elected, your age (and your designated beneficiary's age) as well as your vested account balance as of your retirement date, or, if earlier, date of this election.

Summary of Forms of Benefit

Qualified Joint and Survivor Annuity - Beneficiary is Surviving Spouse: A lifetime monthly income is payable to you, beginning on your benefit starting date and continuing until the last payment due before your death. If you are married on the date your benefit payments begin, upon your death your surviving spouse will, depending on the provisions of your Plan Administrator's plan, receive a monthly income for life equal to at least one-half (and not more than 100%) of the amount of monthly income you were receiving.

Life Annuity with Period Certain: A lifetime monthly income is payable to you, beginning on your benefit starting date and continuing until the last payment due before your death. If you die during the period certain which begins on your benefit starting date, the monthly income will be continued to your designated beneficiary for the remainder of the period certain. The beneficiary may elect that such payment be made in a lump sum.

Straight Life Annuity - No Years Certain: A lifetime monthly income is payable to you, beginning on your benefit starting date and continuing until the last payment due before your death. If you die after your benefit starting date, there will be no death benefit payable. If you are not married on the date benefits are to begin, payment will be made in this form unless you elect another form of benefit.

Fixed Period Certain Annuity - No Life: A monthly income is payable to you beginning on your benefit starting date, in equal installments over a specified period of not less than 60 nor more than 240 months. If you die during the specified period elected, the income will be continued for the remainder of the specified period to your designated beneficiary. You may elect that such payment to your beneficiary is to be made in a single sum.

Contingent Annuity - Beneficiary is *not* Surviving Spouse: A lifetime monthly income is payable to you, beginning on your benefit starting date and continuing until the last payment due before your death. If you are survived by the contingent annuitant (beneficiary) you have named, a monthly income will be continued during the lifetime of the contingent annuitant. If you are married, you must obtain your spouse's consent to the designation of the contingent annuitant. The percentage of the reduced benefit which you may specify to be continued to the contingent annuitant may be either 100%, 75%, 66 2/3%, or 50%.

Single Sum Payment: Instead of lifetime monthly income payments, the vested balance in your account will be paid in a single sum.

Installment Payment (specific limitations may apply to this option under the terms of your plan): Instead of lifetime monthly income payments, the vested balance in your account will be paid in installment payments.

Partial Payment: Instead of lifetime monthly income payments, the vested balance in your account will be paid in partial payments.

Comparison of Forms of Benefit

These examples compare benefits under a Qualified Joint and Survivor Annuity and other forms of benefit that may be available under the plan. The examples are based on specific assumptions and certain interest rates and mortality rates. The amounts shown are estimates, provided to illustrate the differences among the various options and are not intended to represent the actual amount payable to you. Upon your request, a more precise calculation will be provided. Your request should be sent to the address below if in writing. If you wish to call in your request, see the number provided below for you to call.

Assume a participant retiring at age 65 has a spouse of the same age and a \$200,000 account balance.

Age 65 Commencement

Form of Benefit	Benefit to Participant	Benefit to Spouse/Beneficiary After Participant's Death
Qualified Joint and Survivor Annuity		
50%	\$ 914.31 per month	\$ 457.16 per month
66.7%	\$ 890.56 per month	\$ 593.71 per month
75%	\$ 879.15 per month	\$ 659.36 per month
100%	\$ 846.58 per month	\$ 846.58 per month
Straight Life Annuity	\$ 993.76 per month	
Life Annuity with 5 Years Certain	\$ 988.91 per month	
Life Annuity with 10 Years Certain	\$ 974.01 per month	
Period Certain 5	\$ 3,392.05 per month	
Period Certain 10 Years	\$ 1,814.58 per month	

Any annuity elected will be provided by purchasing an annuity contract from an insurance company with your vested account balance under the plan. Dollar amounts shown do not reflect any required tax withholding.

Joint and Survivor Annuity Waiver Rights

You have at least 30 days to consider whether to waive the Qualified Joint and Survivor Annuity and elect another form of benefit. If, after receiving this Explanation, you affirmatively elect a distribution and your spouse consents to that form (if necessary), your distribution may be made less than 30 days from the date this Explanation was given to you provided:

- Your distribution election is revocable until the later of (a) your benefit starting date, or (b) prior to the expiration of the 7-day period that begins the date after you receive this Explanation;
- Your benefit starting date is a date after the date you received this Explanation;
- Distribution in accordance with your benefit election is paid more than 7 days after the date this Explanation was provided.

Consequences of You Taking the Distribution Instead of Deferring Receipt of the Distribution

If you are eligible to receive a distribution from the plan, but also have the right to defer receipt of such distribution because, e.g., the value of your nonforfeitable account balance exceeds \$5,000 (or such lower automatic cash-out limit set by the plan), your decision not to defer receipt of your distribution includes the following consequences: (1) if you do not make a rollover within 60 days of receipt of the payment, you will be taxed on the taxable amount of the distribution not rolled over, and (2) for participants who are under 59 1/2 and/or who separated from service prior to the year they attained 55 at the time they take the distribution, an IRS early distribution 10% penalty tax may apply to the taxable portion of such distribution.

Right to Request Participant-Specific Information

You have the right to request specific information with respect to each form of benefit available to you under the plan, including a description of the financial effect of electing each form of benefit available to you under the plan. Written requests should be sent to your Plan Administrator.