



## ABP/ACTS Loan Certification

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Investment Carrier Chosen: \_\_\_\_\_ Amount of Loan: \$ \_\_\_\_\_

**Current Loan Information:**

Employee Section				Employer Carrier Verification	
Do you have outstanding loans with any of these Investment Carriers?				To be completed by a Benefits Representative	
Investment Carriers	No	Yes	If yes, enter loan amount	Y/N	If yes, enter loan amount
AXA Financial (Equitable):			\$		\$
MassMutual:			\$		\$
VOYA:			\$		\$
MetLife:			\$		\$
Prudential:			\$		\$
TIAA-CREF:			\$		\$
VALIC:			\$		\$
PERS:			\$		\$

I certify all of the information I have provided is true, accurate, and complete to the best of my knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\* This section to be completed by a Benefits Representative \*\*\*\*\***

Date Loan Application was **received**: \_\_\_\_\_

Date Loan Application was **verified**: \_\_\_\_\_  Approved  Denied

Date Loan Application was **forwarded to Investment Carrier**: \_\_\_\_\_

Comments: \_\_\_\_\_

Certified by Benefits Representative \_\_\_\_\_ Date \_\_\_\_\_