

## DEPARTMENT OF HUMAN RESOURCES

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## **ABP/ACTS Loan Certification**

Name:	SS#:						
Investme	ent Carrier Chosen:	Amount of Loan: \$					
Current	Loan Information:				<b>.</b>		<u>.</u>
	<b>Employee Section</b>			Employer Carrier Verification  To be completed by a Benefits Representative			
	Do you have outstanding loans with any of these Investment Carriers?						
	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 provid	led is tı	rue, ac	curate, and cor	nplete t	to the best of my kno	wledge.
Participant SignatureDate							
	***** This section to b	e com	pleted	l by a Benefits	Repre	sentative ****	
Date Loan A	Application was received:		_	•	•		
Date Loan A	Application was <b>verified:</b>			Дрј	proved	Denied	
Date Loan A	Application was <b>forwarded to I</b>	nvestn	nent (	Carrier:			
Certified by	Certified by Benefits Representative					Date	

Revised: July 5, 2017