New York State and Local Retirement Systems
110 State Street
Albany New York 12244-0001

TIER 3/TIER 4 LOAN APPLICATION

(Rev. 1/03-Internet Version) **RS 5025-A-I**

The Retirement System does not accept pre-filed loan applications. If you are not sure you are eligible for a loan, please call our Touch Tone Loan Information line at (518) 474-7736 (Albany area) or 1-866-805-0990. **SEE IMPORTANT INFORMATION ON REST OF FORM**

Instructions: Complete (print or type using capital letters) all areas. Use only blue or black ink. Stay within white boxes. Leave blank boxes between words and numbers. Sign declaration in ink. Form must be notarized.

SOCIAL SECURITY NUMBER - - REGISTRATION NUMBER (IF KNOWN)

NAME

PERMANENT MAILING ADDRESS (Street or PO Box) Unit or Apt. #

CITY STATE ZIP CODE

ADDRESS TO WHICH YOU WANT YOUR CHECK SENT (If Different from permanent mailing address)

CITY STATE ZIP CODE

HOME PHONE ( ) - WORK PHONE ( ) -

EMPLOYER (Indicate if State or give name of County, City, Town, Village, Special District, etc.)

ANNUAL SALARY $, , 0 0

REPAYMENT AMOUNT (per pay period) $, . 0 0 OR MINIMUM

CHECK ONLY ONE BOX IN EACH OF THE FOLLOWING SECTIONS

I am applying for: A maximum loan.	A maximum non-taxable loan.	A loan of $, .00
I AM A 12 MONTH EMPLOYEE	I AM A 10 MONTH EMPLOYEE	I AM A SEASONAL EMPLOYEE
PAYROLL FREQUENCY		
WEEKLY	BI-WEEKLY	SEMI-MONTHLY
MONTHLY	QUARTERLY	SEMI-ANNUAL
ANNUAL		

TO THE COMPTROLLER OF THE STATE OF NEW YORK:
I APPLY FOR A LOAN FROM THE RETIREMENT SYSTEM AS SHOWN ABOVE. I AGREE THAT THE LEGAL DEDUCTIONS BE TAKEN FROM MY SALARY FOR EACH FUTURE PAYROLL PERIOD UNTIL THE TOTAL AMOUNT DUE, INCLUDING INTEREST, ANY SERVICE CHARGES, AND ANY LOAN INSURANCE PREMIUMS, IS REPAID. I AGREE THAT THE RATE OF INTEREST ON THIS LOAN SHALL BE FIXED BY THE COMPTROLLER AS PROVIDED FOR IN THE RETIREMENT AND SOCIAL SECURITY LAW.

Signature (Must be signed in ink and acknowledged by a notary)

ACKNOWLEDGMENT MUST BE COMPLETED BY A NOTARY PUBLIC
State of_____County of_____

On the____day of_____, in the year ____, before me, the undersigned, personally appeared_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp) _____

NOTICE OF WITHHOLDING ON TAXABLE LOAN DISTRIBUTION

The situations in which loans may have a taxable portion are described on page 3 of this form. Federal law requires the Retirement System to withhold appropriate federal tax from any loan you receive ***unless you elect not to have this automatic withholding apply*** by signing the election below. Withholding will only apply to the portion of your loan that is includable for federal income tax. If you elect not to have withholding apply to your loan or if you do not have enough federal income tax withheld from your payment, you may be responsible for paying estimated tax. You may incur penalties under the estimated tax rules if your withholding or estimated payment is insufficient. ELECTION FOR PAYEE: I do not want to have Federal Income Tax withheld from my payment.

Signed:_____ **Date:**_____