

**NEW JERSEY BUILDING LABORERS  
STATEWIDE ANNUITY FUND**

**485 US Highway 1 South, Building B Suite B401, Iselin NJ 08830  
Toll Free 1-866-999-0300**

**APPLICATION FOR LOAN**

**THE PARTICIPANT IS REQUIRED TO SUBMIT A DRIVERS LICENSE OR  
GOVERNMENT ISSUED ID**

**NAME**

\_\_\_\_\_  
**LAST FIRST MIDDLE**

**SOCIAL SECURITY #** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **APT #** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE NUMBER(S)** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**MARITAL STATUS** \_\_\_\_\_ **INITIATION DATE** \_\_\_\_\_

**I hereby apply for a loan in the amount of \$ \_\_\_\_\_ under the Rules and Regulations of the New Jersey Building Laborers Statewide Annuity Fund. I understand this loan is subject to simple interest using the prime rate in effect on the date of the receipt of this completed application. The loan and accrued interest are to be repaid quarterly.**

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT SPOUSE'S NAME**

**PURPOSE OF LOAN:**

**Check one. Please file one application per loan type request. If you need additional applications, please feel free to copy this blank application or contact the Fund Office.**

**A. Unreimbursed out-of-pocket expenses for medical and/or dental expenses of at least \$1,500.**

**B. Post-secondary education expenses for tuition and/or room and board or expenses to attend an educational institution for the mentally or physically handicapped.**

**Tuition**

**Room and Board**

**Relationship to Member:** \_\_\_\_\_

**C. Funeral expenses for spouse, dependent children, or parent of you or your spouse.**

**D. Payment of Federal and/or State income taxes.**

**E. Expenses directly related to the purchase or construction of a house, cooperative, or condominium (loans for this purpose are available only once for each member).**

**F. Expenses necessary to prevent the participant from losing his home as a result of foreclosure proceedings (or threatened foreclosure proceeding) or tax lien proceeding (or threatened tax lien proceeding).**

**G. Expenses incurred as a result of an eviction proceeding (or threatened eviction proceeding) or expenses incurred in obtaining a new residence due to an eviction.**

**H. Expenses incurred in order to obtain a new principal residence or to renovate a principle residence destroyed due to an Act of God.**

**IMPORTANT:**

**Please refer to the attached “Annuity Loan Rules and Procedures” for additional information regarding eligibility, supporting documentation that must be submitted with the application, application processing, appeal of denials, loan repayments, loan defaults and Administration.**

**Loans are approved twice a month approximately ten days prior to the second and sixteenth of each month. The Promissory Note and Truth-In-Lending Disclosure will be mailed for signature and notary seal on all approved loans. Loan checks are not released until this documentation is returned to the Fund Office.**

**\*\*\*\*THIS SECTION IS FOR MARRIED PARTICIPANTS ONLY\*\*\*\***

**NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND  
ADDENDUM TO LOAN APPLICATION  
SPOUSAL CONSENT TO A LOAN AGAINST THE PARTICIPANT'S ACCOUNT  
WITH THE NJBLS ANNUITY FUND**

**(Please Print or Type)**

I, \_\_\_\_\_ being duly sworn, depose the following:  
NAME OF SPOUSE

1. I am the spouse of \_\_\_\_\_.  
NAME OF PARTICIPANT

We were married on \_\_\_\_\_ in \_\_\_\_\_.  
DATE PLACE

2. I have been informed that my spouse now has approximately (amount)

\$ \_\_\_\_\_ credited to his/her account in the NJBLS Annuity Fund.

I have been informed that my spouse has applied for a loan in the amount of

\$ \_\_\_\_\_ from the NJBLS Annuity Fund in order to pay expenses in

connection with \_\_\_\_\_.  
STATE LOAN REASON

I understand that, if this loan is granted, the loan will be a lien against my spouse's account in the NJBLS Annuity Fund until the loan is paid in full, with all accrued interest.

3. I understand that, under Federal Law and the Rules of the NJBLS Annuity Fund, when my spouse qualifies for receipt of benefits, the benefits payable by the NJBLS Annuity Fund will be an annuity payable on a monthly basis for as long as my spouse lives and then, if my spouse dies before me, one half the annuity payable to me on a monthly basis, for as long as I live, unless my spouse and I have jointly rejected this form of payment. The amount of these annuity payments depend upon the amount in my spouse's account in the NJBLS Annuity Fund immediately prior to retirement. I realize that this means that if my spouse takes a loan against this account and does not repay it in full with all interest prior to retirement, then the amount of the monthly annuity which would otherwise be payable to my spouse and/or me will reduce or eliminate the amount payable to me in the event that my spouse dies. I understand that the reduction may be substantial, depending upon the amount of the loan, the accumulated interest upon the loan, and whether it is repaid in full prior to the date of receipt of benefits or my spouse's death.

4. I hereby consent to the loan for which my spouse has applied. Furthermore, I hereby waive any right I may have to object to the granting of the loan, even though the granting of the loan may reduce or entirely eliminate the amount to which I may someday be entitled from the NJBLS Annuity Fund.

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE

I hereby certify that I, the participant, am legally married to \_\_\_\_\_.  
SPOUSE'S NAME

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR NOTARY PUBLIC USE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public, came \_\_\_\_\_ known to me to be the Spouse of \_\_\_\_\_, also appearing before me, who did execute this consent to the granting of a loan in my presence.

Sworn and Subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

**\*\*\*\*THIS SECTION IS FOR SINGLE PARTICIPANTS\*\*\*\***

**NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND  
ADDENDUM TO ANNUITY LOAN APPLICATION  
UNMARRIED PARTICIPANT**

**(Please Print or Type)**

I, \_\_\_\_\_, being duly sworn, depose and say that, as of this date, I am not legally married.

**Please check one:**

\_\_\_\_\_ **Single, Never Married**

\_\_\_\_\_ **Divorced (please include a copy of your full divorce decree including any applicable property settlements)**

\_\_\_\_\_ **Widowed (please include a copy of your spouse's death certificate)**

**FOR NOTARY PUBLIC USE**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**On this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_ **before me, a Notary Public, came**

\_\_\_\_\_ **known to me as not being legally married and**

**who did execute this form in my presence.**

\_\_\_\_\_  
**NOTARY SIGNATURE & SEAL**