

# Loan Payoff Request

## Participant Information

First Name	MI	Last Name	Date of Birth
SSN (Provide last 4 digits)	E-mail Address (To receive status updates)		Phone
Address	City	State	Zip

## Participant Instructions

1. Obtain loan payoff amount and date of last loan repayment payroll deduction by contacting Participant Services at 888.333.6315, by e-mail at [psateam@savetoretire.com](mailto:psateam@savetoretire.com) or by fax at 800.948.4059..
2. Complete this form using the payoff amount and date of last payroll deduction provided by Wipfli.
3. Submit this completed form and payoff check to your HR Department.

**Important Information:** This is a time sensitive process, and the loan payoff amount must be deposited immediately upon obtaining the loan payoff amount.

**Note:** If you intend to request a new loan after this loan payoff, the highest outstanding loan balance within the 12-month period is considered in determining the amount available for a new loan. The loan being paid off may affect the amount available for a new loan due to this requirement.

To request a new loan, you may submit the online request through your participant account.

## Plan / Employer Information

Plan Name	Employer Name
-----------	---------------

## Plan Administrator Instruction

1. Stop payroll loan repayment deductions upon receipt of this form and participant's loan payoff check.
2. Mail participant's check to the custodian as directed on page 2.

## Payoff Loan Details

**Current Loan** (If you have only one outstanding loan, check this box.)

**Specific Loan Number** (If you have more than one outstanding loan, enter applicable loan number here.) \_\_\_\_\_

Payoff Amount: \$ \_\_\_\_\_ (This is the amount provided by Wipfli.)

Date of Last Payroll Deduction: \_\_\_\_\_

## Payoff Method

**Mail check directly to Custodian**

**Regular Mail:**

Mid Atlantic Trust Company  
PO Box 536707  
Pittsburgh, PA 15253-5909

**Overnight/Special Delivery:**

Mid Atlantic Trust Company  
Attn: Lockbox Operations - # 536707  
307 23rd Street Extension, Suite 950  
Pittsburgh, PA 15215

Make Check Payable to: Mid Atlantic Trust Company FBO # \_\_\_\_\_ #

Include on check memo line: Plan Name and Participant Name

# Loan Payoff Request

Employee / Participant Signature	
_____	_____
<b>Participant's Signature</b>	<b>Date</b>

Employer / Plan Administrator Signature	
_____	_____
<b>Employer's Signature</b>	<b>Date</b>

Return the completed and signed form to the e-mail address or fax number below.  
If you have any questions, contact us **Monday - Friday, 7:00 a.m. to 6:30 p.m. CST**

Participant Services	E-mail Address	Fax Number
888.333.6315	<a href="mailto:psateam@savetoretire.com">psateam@savetoretire.com</a>	800.948.4059