



**REQUEST TO PROCESS DISBURSEMENT OF LOAN PROCEEDS**

PenChecks, Inc.

8580 La Mesa Blvd., Ste. 101, La Mesa, CA 91942

E-mail: [info@penchecks.com](mailto:info@penchecks.com)

**I. PLAN SPONSOR / TPA INFORMATION (required)**

Plan Sponsor \_\_\_\_\_ Contact / Trustee \_\_\_\_\_

Plan Sponsor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

TPA Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**II. PARTICIPANT INFORMATION (required)**

Payee Name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

See Attached Spreadsheet (multiple participants) – only one B-2 Form is needed if a spreadsheet is attached. Please clearly identify on the spreadsheet all participant information and distribution details requested below for every participant.

**III. LOAN DISBURSEMENT DETAILS (required)**

Loan Type \_\_\_\_\_ Loan Term (Months) \_\_\_\_\_

Loan Disbursement Amount \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

Re-Payment Frequency \_\_\_\_\_ Re-Payment Amount \_\_\_\_\_

**IV. FEES - (required)** \$35 per Loan Disbursement - service includes loan disbursement only - servicing of loan re-payments is not included. A 1099-R will not be issued because it is a loan. Make processing fees payable to: PenChecks, Inc.  Check or  Wire/ACH

Fees paid by:  Plan Sponsor  Trustee  TPA Credit  Loan Proceeds

**V. TRANSFER OF FUNDS - please reference the Plan Name and/or Participant Name**

**CHECK**

Payable To: **PenChecks, Inc Employee Benefit Distribution Trust**  
Mail To: PenChecks, Inc, P.O. Box 2669, La Mesa, CA 91943-2669  
Memo / Reference: FBO Plan Name OR Name of Participant OR Distribution ID

**ACH/Wire**

Bank: California Bank & Trust Bank ABA/Routing#: 122232109  
Bank Address: 5500 Grossmont Center Drive Bank Account#: 0108423201  
La Mesa, CA 91942

**VI. PLAN SPONSOR/TRUSTEE INDEMNITY AUTHORIZATION (Signature required)**

I have provided and/or received all proper notices, disclosures, consents, and guarantees to the participant relating to the above Loan. I certify that this distribution is in fact a loan, is not taxable and does not require an issuance of a 1099-R. I certify the Participant Information and Loan Disbursement Details given to PenChecks above are accurate, the above Loan is authorized by the Plan and is issued according to the Plan Document Requirements. I agree to hold harmless PenChecks, Inc of any and all liabilities relating the loan issuing process or any inaccurate information provided to PenChecks, Inc.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name & Title of Authorized Signer \_\_\_\_\_

Form B-2 (Rev 11/2010)

Official Use Only