

Plan #: 5 9 8 [ ] [ ] [ ]

Social Security #: [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Employee Name: \_\_\_\_\_

I. Enter Loan Prepayment Amount

I wish to prepay the entire loan balance currently outstanding under my account.

\*NOTE: A certified check, cashier check or money order (no personal checks) made payable to: State Street Bank and Trust equal to the total identified below must accompany this form. The original loan check cannot be accepted as prepayment of a loan. Please include your Plan Number on the check.

Prepayment Amount: \$ [ ] [ ] , [ ] [ ] [ ] . [ ] [ ]

Important! Please contact ADP Retirement Services at 1-888-801-3534 for an exact loan payoff. Representatives are available Monday through Friday, 9 A.M. to 5 P.M. E.T.

Regular Mail: ADP NJ CRS P.O. Box 13399 Newark, NJ 07101-3399

Overnight Mail: ADP C/O FIS Attention: Lockbox 13399 400A Commerce Boulevard Carlstadt, NJ 07072

II. Acknowledgement and Signature

[ ]

Signature of Employee/Participant

[ ]

Date

[ ]

Name of Housing Agency

[ ]

Daytime Phone Number

If you would like to take out a new loan please contact ADP Retirement Services at 1-888-801-3534. Representatives are available Monday through Friday, 9 A.M. to 5 P.M. E.T.