



# ANNUITY AND PENSION FUNDS OF THEATRICAL STAGE EMPLOYEES LOCAL NO. 4, IATSE



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## **Annuity Fund of Local No.4 Loan Request**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Loan Amount (*not to exceed 50% of fund balance*):\$ \_\_\_\_\_ Term (# of months): \_\_\_\_\_

### **SPOUSAL CONSENT TO LOAN (if married) :**

I, \_\_\_\_\_, the lawful spouse of \_\_\_\_\_,  
(Print Spouse's Name) (Print Participant's Name)

hereby consent to the Plan lending \$\_\_\_\_\_ to my spouse. By this consent, I acknowledge that the benefits that eventually might otherwise be payable to me will be reduced by any outstanding balance as of the benefit payment date.

\_\_\_\_\_  
(Spouses Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
**NOTARY** Date: \_\_\_\_\_

\_\_\_\_\_  
(Participant Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
**NOTARY** Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am not currently married or  
(Print Participant's Name)  
my spouse cannot be located, and therefore, completion of the above is not required. (*Notarize Below*)

\_\_\_\_\_  
(Participant's Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
**NOTARY** Date: \_\_\_\_\_

\_\_\_\_\_  
(Plan Administrator) Date: \_\_\_\_\_