

**Nationwide**  
**City of Tacoma Firefighter's**  
**Deferred Compensation Loan Application**

City of Tacoma / Plan #0037306-001

**Personal Information:**

Participant Name: \_\_\_\_\_  
*(Please Print)*

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

Social Security Number: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**NEW Loan Information**

Amount Requested: \_\_\_\_\_ or  Maximum Available

Loan Term in Years (Please Circle): 1 2 3 4 5

Loan Purpose: \_\_\_\_\_

**REFINANCING Loan Information**

*A refinanced loan **cannot** be extended beyond the current loan payment term.*

Amount Requested: \_\_\_\_\_ or  Maximum Available

Loan Term in Years  Remainder of current loan term

Loan Purpose: \_\_\_\_\_

***NOTE: Loan payments are payroll deducted once per month – 2<sup>nd</sup> paycheck of the month only.***

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO NATIONWIDE:**

**Send issued check to**  
**Benefits, 747 Market Street, Room 1420, Tacoma, WA 98402**

**Email amortization schedule to**  
**[dpeterson@cityoftacoma.org](mailto:dpeterson@cityoftacoma.org)**