## The Platinum 401(k) Retirement Savings Plan fbo Beach Products, Inc. ("the Plan")

John Hancock Contract Number 124704

# Participant Loan Application, Promissory Note and Irrevocable Pledge and Assignment

Participant Name	Social Security Number		
Address			
City	State Zip Code		
Home Phone Number ( )	Work Phone Number ( )		
Hire Date/	Payroll frequency:	☐ Bi-Weekly	
Next Payroll Date	☐ Twice a Month	☐ Monthly	
Amount of Loan \$	Loan Annual Interest Rate	%	
Indicate Type of Loan Being Applied For	Term of Loan		
General Purpose Loan	☐ 60 Months ☐ Other (Not to exceed 60 months) _	Months	
or			
Loan for Purposes of Purchasing a Primary Residence	☐ 180 Months ☐ Other (Not to exceed 180 months) _	Months	

I hereby apply for a loan in accordance with the Loan Policy Provisions of the Plan. In making this application, I acknowledge and agree to the following terms:

- 1. There is a \$100 per loan fee that will be deducted from my account at loan issuance. There is also a monthly loan maintenance fee charged by John Hancock Retirement Services as outlined in their disclosure documents.
- 2. The loan, if approved, must be repaid in equal installments (including interest and principal) over a period not exceeding 60 months (180 months if the loan is for the purposes of purchasing a primary residence). Repayment of the loan will be by deduction of the periodic repayment amount from my pay each payroll period until the loan has been fully repaid.
- 3. If I should terminate my employment with the Company before this loan has been paid in full, I authorize the Trustee of the Plan to deduct the unpaid balance of the loan, plus accrued interest, from any benefits which may become payable to me, my beneficiaries, or my estate.
- 4. Should this loan not be repaid according to the agreed terms, it may be declared in default and the balance of the unpaid loan, plus accrued interest, will become taxable income to me as a deemed distribution in the year of default and is subject to all federal and state income tax requirements and penalties, if applicable.

## **Covenant**

For Value Received, I hereby promise to pay to the Tat% interest in installments over a period of schedule through payroll deduction.	Frustees of the above plan the sum of \$  f months in accordance with the attached payment			
The holder hereof may declare all amounts due hereunder to be immediately due and payable upon the default in any payment hereunder, or upon the participant's failure to comply with the terms hereof, or upon the participant's insolvency, bankruptcy, death or incompetency.				
	ssignment of my vested interest in the Plan and covers all my and protest and the right to assert any statute of limitations.			
X				
Participant Signature	Date			
<b>Employer Loan Eligibility Status Confirmatio</b>	<u>on</u>			
☐ This employee is actively at work and compensation from the employer.	is anticipated to continue to be receiving			
☐ This employee has terminated employment or is not an active employee receiving compensation at this time.				
Authorized Employer Representative	 Date			
John Hancock (which is available on the Jol	t to us for processing along with the completed a Loan Request Form hn Hancock Plan Sponsor Website) ail or fax as follows:			
DistributionProcessing@AmericanPension.net				
or fax it to us at				
813.281.9757				
Loan Approval (for use by American Pension	Services, LLC)			
☐ Loan Approved ☐ Loan Not Ap	pproved due to			
Authorized APS Representative	 Date			



### **Loan Request**

#### Important information about this form

- Your plan may require you to provide supporting documents or additional information before your request can be processed.
- As the participant, you complete Sections 1, 2 and 3 of this form and return it to your Plan Representative.
- As the Plan Representative, you review Sections 1 3, and complete Sections 4 8 of this form.
- If the participant address provided below is new or different than what is currently on record with John Hancock Retirement Plan Services, we will update our records accordingly. Ensure your next census submission includes revised employee information to avoid your file superseding the information supplied on this form.

Any changes must be initialed in pen (including numbers crossed out or changed using correction fluid). No changes can be made in **Sections 1, 3 and 8.** Any changes to these sections will require a new form to be completed.

1 General Information				
The Trustee of		Plan (the "Plan	")	
Contractholder Name			Contract Number	
Participant Name as displayed on your Social Secu	rity Card (Last name, First Name, Initial)	Pari	llll ticipant Social Security Number (Full SSN Required)	
Participant Address - Street Address				
City, State, Zip Code, Country				
<b>2</b> Payment Instructions to F	articipant Directly			
	formation is provided below, a check w cock Retirement Plan Services, as estab			
• For Check, allow 7-10 business days	for regular mail delivery. • For Direct Deposit,	allow 2-3 business days. • F	or Wire, allow 1-2 business days.	
Electronic Fund Transfer Details -	Mandatory for distribution amounts over \$5	50,000.		
Direct Deposit - If this is a payr	nent directly to me,			
my personal bank account is <b>OR</b>	☐ Checking <b>OR</b> ☐ Savings			
	nk if they accept wires and/or charge a fee.			
Provide Domestic Bank details bel				
	1 .			
Bank Name	Bank ABA	VRouting (9 digits)	Bank Account No.	
For International banks, complete	and attach the International Banking Instru	<i>ictions</i> form.		
3 Participant Signature				
Income feature brochure and fully unbenefits provided by this feature. I un the summary entitled "Important Info Plan Services participant website or of For participants under a contract issue to defraud any insurance company or information, or conceals for the purpo act, which is a crime, and shall also be each such violation. For all other state	ed by John Hancock Life Insurance Compar other person files an application for insura ose of misleading, information concerning e subject to a civil penalty not to exceed five	t my loan request will have ond conditions governing my iture "which can be found only of New York, any person on the condition of the conditions are thousand dollars and the second conditions.	on my Benefit Base and other loan request is also contained in the John Hancock Retirement who knowingly and with intent containing any materially false immits a fraudulent insurance stated value of the claims for	
Signature of Participant	Name - please print		Date	
TYPE OF LOAN - Complete Section 4 or 5 (not both)				
4 New Loan Request				
Total Amount of Loan	Loan Maturity Date Month		Loan Interest Rate	
<b>Loan Type</b> General Purpose	☐ Hardship ☐ Purchase of Primary Resi	dence		
	•		complete Section 5, 6, 7 and 8.	

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Both John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York do business under certain instances using the John Hancock Retirement Plan Services name. Group annuity contracts and recordkeeping agreements are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Product features and availability may differ by state. Plan administrative services may be provided by John Hancock Retirement Plan Services LLC or a plan consultant selected by the Plan.

#### TYPE OF LOAN - Complete Section 4 or 5 (not both) (continued) **Refinance Existing Loan Request** Amount of Increase Existing Loan No(s). to Existing Loan Your amortization schedule should equal the amount of increase to existing loan plus the existing loan amount. Loan Maturity Date | Interest Rate **6** Loan Withdrawal Order - Optional John Hancock Retirement Plan Services' Standard Loan Withdrawal Order will be used unless completed below. The total amount listed in this section must equal the Total Amount of Loan indicated in Section 4 **OR** the **Amount of Increase to Existing Loan** in Section 5. Money Type Amount Money Types to be used. (Mandatory) \$ \$ Third Party Administrator (TPA) Loan Issue Fee A standing loan fee established by the Trustee may apply if this section is blank. Indicate a specified amount if you wish to override the standing loan fee. If the Waive Fee option is selected, no fee will be applied, including the standing loan fee. The fee will be deducted from the Participant's account after the loan amount has been removed using John Hancock Retirement Plan Services' standard protocol and will be paid to the TPA currently on record with John Hancock Retirement Plan Services. John Hancock Retirement Plan Services is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on the transaction and summary confirmations. $\rfloor$ Waive Fee $\,$ **OR** $\,$ $\!$ $\!$ $\!$ Loan Issue Fee $\,$ $\!$ will be applied. **8** Trustee/Authorized Signer Signature I hereby certify that the requested loan is not a taxable or a deemed distribution under the Internal Revenue Code, and that the loan paid to the Third Party Administrator. I hereby represent that this fee is in accordance with the fee schedule that has been approved by complies with the plan document and all pertinent laws. I certify the plan's trustee or named fiduciary as reasonable and authorized also that spousal consent (as required by Internal Revenue Code under the terms of the plan. Section 417), if applicable, has been properly obtained and that the On behalf of the Plan sponsor, the Plan and its related trust, and the loan is not a prohibited transaction as defined in the Internal Plan Trustee or named Fiduciary, I further agree to indemnify and Revenue Code Section 4975 or under the Employee Retirement hold harmless John Hancock Retirement Plan Services, its employees, Income Security Act. agents, directors, and officers from any liability, penalties, and taxes I hereby direct John Hancock Retirement Plan Services to pay to the that may be incurred as a result of the requested distribution giving Third Party Administrator currently on record the above referenced rise to one or more prohibited transactions or for implementing fee (if applicable). I understand that this fee will be deducted from requests (including, if applicable, a direct rollover request) based the participant's account balance at the time of the distribution solely on the instructions provided on this form, or if any of the using standard withdrawal protocol, and will be held in the general certifications provided on this form are incorrect. business account of John Hancock Retirement Plan Services until Signature of Trustee/Authorized Signer Name - please print Date Important Information about Loans 1. It is the responsibility of the plan administrator to ensure that: a. participant loan qualification requirements are met (according to the plan document); b. each granted loan meets the tax law requirements and is not treated as a distribution; c. if the participant named above has more than one outstanding loan or the loan requested on this form is used to refinance an outstanding loan, the loans collectively, as well as each of the prior loan and the additional loan, meet the applicable tax law requirements and are not treated as distributions under the participant's plan; d. any restriction that the plan may have on the number of outstanding loans that a participant may have at any one time is complied with; each plan loan is not a prohibited transaction; John Hancock Retirement Plan Services will be notified if and when a loan is deemed to be a distribution for tax purposes. John Hancock Retirement Plan Services is not responsible for preparing and filing any tax reporting until and unless such notification has been provided by the plan administrator, and if such service is available under your contract.

2. When John Hancock Retirement Plan Services receives a payment, we will reduce the Loan Account balance by the amount of the repayment. Loan repayments will be applied first to interest owing on the loan, and then to the principal. All loan repayments must be remitted through your plan trustee. Please do not send personal checks directly to John Hancock Retirement Plan Services.

3. This loan request does not constitute a promissory note or loan agreement. The State of Florida imposes a Documentary Stamp Tax on retirement plan loans.

4. The State of Florida imposes a Documentary Stamp Tax on retirement plan loans. If this tax applies to you, you are responsible for reporting and remitting payment to the Florida Department of Revenue by no later than the 20th of the month following the month in which you executed the loan instrument. For more information, visit the Florida Department of Revenue's website at <a href="https://www.myflorida.com/dor">www.myflorida.com/dor</a> or call its Taxpayer Services.

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