



LOAN REPAYMENT REMITTANCE FORM

ABA Retirement Funds Program ("the Program")
 P.O. Box 5142 • Boston, MA 02206-5142

Customer Contact Center: 800.752.6313
 Website: www.abaretirement.com

Participants may complete this form to make loan repayments directly to the Program. Mail the form to the address shown above along with a check payable to "ABA Retirement Funds Program."

EMPLOYER INFORMATION

Program Plan Number: _____ Plan Name: _____ Daytime Phone Number: (____) ____-_____

PARTICIPANT NAME	SOCIAL SECURITY NUMBER	LOAN NUMBER	SCHEDULED PAYMENT AMOUNT	PAY-OFF AMOUNT*
_____	____-____-____	_____	\$ _____	\$ _____
_____	____-____-____	_____	\$ _____	\$ _____
_____	____-____-____	_____	\$ _____	\$ _____
_____	____-____-____	_____	\$ _____	\$ _____
_____	____-____-____	_____	\$ _____	\$ _____

OR

*Use this column only if the balance of the loan number indicated is being paid off.

Loan Repayment Subtotal \$ _____

You should adhere to the amortization schedule when making your payments as opposed to mailing two payments or more payments at once. If you no longer work for the plan sponsor, you may reamortize the loan by submitting a completed, signed Loan Reamortization Request Form.