LOAN PAYOFF FORM

NAME OF PARTICIPANT	TELEBLIONE NO OF PARTICIPANT	COCIAL CECUDITY ANIMOED
NAME OF PARTICIPANT	TELEPHONE NO. OF PARTICIPANT	SOCIAL SECURITY NUMBER
PLAN NAME		PLAN ACCOUNT NUMBER
EMPLOYER NAME	AMOUNT OF PAYOFF	LOAN NUMBER
FORM PAYMENT:		
Please send a Certified Bank Check or Money Order payable	to Banco Popular de Puerto Ri	co as trustee for
PLAN NAME	_ NO personal checks will be a	ccepted.
MAIL CHECK AND FORM TO:		
Banco Popular de Puerto Rico Popular Fiduciary Services Division (725) Recordkeeping Group		
PO Box 362708 San Juan, P.R. 00936-2708		
HOW TO OBTAIN YOUR OUTSTANDING LOAN BALAN	NCE:	
To obtain information regarding your loan including the out call our Customer Service Center at (787) 724-3657, press on		t us at www.popular.com/401K or
PLEASE CHECK THAT YOU HAVE COMPLETED THE F	OLLOWING PRIOR TO SEN	DING THE PAYMENT:
[] You have completed and signed the LOAN PAYOFF FOR	RM.	
[] The check is signed.		
[] The check has been made payable to Banco Popular de	Puerto Rico as trustee for NAM	1E OF PLAN.
[] The check is made for the exact amount of the outstand	ding balance.	
[] The written dollar amount on the check matches the nu	merical amount.	
PARTICIPANT CICNATURE		_
PARTICIPANT SIGNATURE	DATE	

