



# American Professional Practice Association™ National Association of Residents and Interns™



Member Services Center  
Hillsboro Executive Center North - 350 Fairway Drive, Suite 200  
Deerfield Beach, FL 33441-1834  
(800) 221-2168 (Extension 5) - Fax (954) 571-8582

## APPA/NARI LOAN PROGRAM

Dear Doctor:

Since 1959, APPA and NARI have sponsored over half a billion dollars in loans to medical professionals. Mortgages, credit card bills, car payments, office rent, taxes, and debt consolidation - for these things and more you need funds. The APPA/NARI Loan Program can help. Once approved, you can be offered up to \$75,000 with only your signature as collateral. Use funds to consolidate your high interest obligations.

### How much can I apply for?

\$75,000 - In practice  
\$45,000 - Final year of training and signed contract  
\$40,000 - Fourth year in training and above (including fellows)  
\$35,000 - Third year of training  
\$30,000 - Second year of training  
\$25,000 - First year of training

### Low Interest Rates - Interest - Only Payments

Now is the time to apply. Low Interest Rates are available with no prepayment penalties. You can select a fixed or variable rate. Interest - only payments may be available for up to the first 48 months of any loan and may be renewed through your second year in practice.

### Applying is easy!

The program was designed specifically to meet the particular needs of professionals like you. Just take a few minutes to complete the application below. Simply send the application by mail in the postage paid envelope provided or fax it to (954) 571-8582 for our immediate attention. It's that easy!

### Fixed and Variable Interest Rates

Low rates are available with no prepayment penalties. Our fixed rates are as low as 8.95% APR and our variable rates are as low as 7.25% APR\*. Our variable rate changes only when the Prime rate changes.

### Interest-only Payments

If you are a doctor-in-training, interest-only payments may be available for up to the first 48 months of your loan, and you may be able to apply to renew this option through your second year in practice.\*\*

\* APRs are determined by creditworthiness and other factors, so your APR may differ. Fixed rates range from 8.95% to 13.95% APR for doctors in practice and from 10.45% to 15.95% APR for doctors in training. Variable rates range from 7.25% to 12.25% APR for doctors in practice and from 8.75% to 14.25% APR for doctors in training. For variable rates, the APR is based on SunTrust Bank Prime Rate plus a margin and is subject to increase or decrease during the loan term. Prime Rate as of 12/15/09 is 3.25% APR. Term limitations apply. Subject to standard credit approval. If you are self-employed, on commission, or a substantial portion of your income is from a source other than salary, you may need to provide us a copy of your last two years' Federal tax returns. Exclusions and limitations apply. Rates and/or Program subject to change without notice.

\*\* If you are a physician-in-training, interest-only payments may be available for up to the first 48 months of your loan if you qualify. You may be able to apply to renew this option through your second year in practice. Renewal contingent upon physician still being in training or first year in practice. Repayment terms up to 10 years may be available, consisting of 4 years of interest-only payments, followed by 6 years of principal and interest payments. For example, on a \$5,000, 10-year term, your 48 monthly interest-only payments would vary from \$43.92 to \$48.62. These would be followed by 72 monthly installments of \$96.35. Your APR would be 11.45%. Term limitations apply. Subject to standard credit approval. If you are self-employed, on commission, or a substantial portion of your income is from a source other than your salary, you may need to provide us with a copy of your last two years' federal tax returns. Exclusions and limitations apply. Rate and/or program subject to change without notice.

If you are a pharmacist, dentist, or doctor-in-practice, interest-only payments may be available for up to the first 12 months of your loan or through your second year in practice if you qualify. Repayment terms up to 8 years may be available, consisting of 2 years of interest-only payments, followed by 6 years of principal and interest payments. For example, on a \$5,000, 8-year term, your 24 monthly interest-only payments would vary from \$38.16 to \$42.25. These would be followed by 72 monthly installments of \$92.54. Your APR would be 9.95%. Term limitations apply. Subject to standard credit approval. If you are self-employed, on commission, or a substantial portion of your income is from a source other than salary, you may need to provide us a copy of your last two years' federal tax returns. Exclusions and limitations apply. Rates and/or program subject to change without notice.

### Need more information?

Call (800) 221-2168 extension 5 for more information. Specialists are available to offer assistance weekdays 9am to 5pm (EST). Calling after hours? Simply leave us a voice mail message and we will return your call on the next business day. You may also inquire via email to the following email address; [membership@assnservices.com](mailto:membership@assnservices.com). We look forward to being of service.

# Application

**For fastest service, fax front and back to (954) 571-8582 and mail original in the envelope provided.  
Please list and circle all that applies.**

YES, I want to take advantage of the APP/NARI Loan Program's great low rates.

I'd like a loan for \$ \_\_\_\_\_

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

INDIVIDUAL - I am applying for an individual account in my own name and relying on my own income or assets - not the income or assets of another person - as the basis for repayment of the credit requested.

JOINT - We are applying for joint credit and are relying on our joint income and assets as the basis for repayment of the credit requested.

My Status: U.S. Citizen  Permanent Visa  Other   
If permanent Visa, please send a copy with this request. Please Print

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Home Telephone Business Telephone

\_\_\_\_\_  
Mobile / Pager Number Email Address

\_\_\_\_\_  
PGY (if applicable) Medical License Number

\_\_\_\_\_  
Current Employer (Name and Phone Number)

\_\_\_\_\_  
Gross Annual Salary \*\* Other Income Source of Other Income

\_\_\_\_\_  
Undergraduate School Year Graduated

\_\_\_\_\_  
Medical/Dental/Pharm School Year Graduated

\_\_\_\_\_  
Residency Year Completed

\_\_\_\_\_  
Co-Applicant Name Social Security Number

\_\_\_\_\_  
Employer (Name and Phone Number)

\_\_\_\_\_  
Gross Annual Salary \*\* Other Income Source of Other Income

\*\* Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as basis for repaying this obligation.

Please list total assets:

Real Estate	Life Insurance (Cash Value)	Life Insurance (Face Value)	Stocks/Bonds	Cash	Pensions	All other Assets	Total Assets
\$	\$	\$	\$	\$	\$	\$	\$

	Balance	Monthly Payment
Landlord/Mortgage Name and Phone Number <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Bank and Charge Cards - Please check and note the number of credit card accounts you have of each type listed. <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Department Store		
Educational Loans		
Number and Age of Dependents Are you paying alimony or child support?		
All other liabilities (auto, personal, guaranteed, etc. Be sure to list ALL others.)		
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nearest relative not living with you (Name, Address, Phone Number)		
<b>Total Liabilities</b>		

The above application is submitted for the purpose of obtaining credit and all information herein is certified to be true, complete and correct. I/we authorize SunTrust Physicians Loans, a division of Sun Trust Bank (herein referred to as Lender), to make whatever credit inquiries it deems necessary in connection with the credit application or in the course of review or collection of any credit extended in reliance on this application. I / We authorize and instruct any person, including but limited to, all local, state or federal government agencies, to complete and furnish the Lender any information it may have or obtain in response to such credit inquiries, and agree that such information, along with this application, shall remain the Lender's property whether or not credit is extended.

**Patriot Act**

Federal law now requires all financial institutions to notify applicants that they will obtain, verify and record information that identifies each person who opens an account. When you open an account we are now required to ask your name, address, date of birth, and other information that will allow you to be identified as the account applicant. In addition, we may also ask to see your driver's license or other identifying documents in order to verify this information.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Signature of Co-Applicant (if applicable) Co-Applicant Date of Birth Date