

Vendor Loan Supplement

For ERISA 403(b) plans* only

This form is designed to obtain information necessary to determine your eligibility for a loan under your employer's 403(b) plan, taking into account any existing loans you already have under the plan. You should provide the completed form to the investment provider from which you are requesting a loan.

While the form asks you to provide certain information regarding those loans, you should expect that your investment provider will seek to confirm some or all of the information with the identified providers, to ensure compliance with the federal tax rules governing these loans. You should also be aware that loans are subject to any additional restrictions or requirements imposed under the contract and account from which you are requesting the loan, and thus completion of the form does not ensure loan approval.

1. Investment Provider: _____
2. Employer: _____
Plan Name: _____
3. Participant Name: _____
4. Amount of loan you are requesting: \$_____ (Generally limited to \$50,000 or 50% of your account balance, whichever is less. Some plans use a different limit, please check with the investment provider.)
5. Requested term of loan (not to exceed five years unless for purchase of principal residence) _____
6. List all accounts under *this employer's 403(b) plan*, including contact information for the respective investment providers, and identify outstanding loan information for each account (enter zero if none). This list should include all accounts to which contributions have been made at any time under the 403(b) plan. It should not include accounts which are grandfathered or under other plans (see #7 to provide data regarding these).

Employee Provided Information: Regarding this plan only

Investment provider (include customer service number)	Account number	Account balance	Loan balance	Largest outstanding loan balance in the past 365 days	Loan number, if applicable	Status: active (in repayment) or defaulted

Use a separate sheet for additional accounts and/or loans.

* ERISA plans generally include plans of private employers (public employers are exempt) unless an exception applies. Exceptions can include certain church plans, as well as certain plans consisting solely of voluntary employee contributions that meet additional requirements. Many ERISA plans also apply additional requirements, such as a requirement to obtain spousal consent to the loan or distribution.

7. List (a) *any other 403(b) contracts or accounts*, such as those grandfathered contracts or accounts established with transfers of amounts previously contributed under this employer's 403(b) plan; and (b) any other plan of this employer. Do not include any amount listed in #6, or any amount in another employer's plan.

Employee Provided Information: Other contracts or accounts

Investment provider (include customer service number)	Account number	Account balance	Loan balance	Largest outstanding loan balance in the past 365 days	Loan number, if applicable	Status: active (in repayment) or defaulted

8. Participant Signature:

- I certify that the information I have provided above is true and correct to the best of my knowledge.
- I hereby authorize the investment provider from which I am requesting a loan to confirm the accuracy of all information provided in the chart in section 6. I also authorize the investment provider identified in section 1 to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in the chart in section 6 regarding my account balance or loans, subject to the requirement that the information provided herein is authorized for use by the investment provider identified in section 1 solely for the purposes of satisfying the restrictions under the plan.

I further authorize the providers to share supporting information with the Employer as part of any pre-approval process and/or periodic post-transaction review process that my Employer may establish as part of its plan compliance procedures.

Signature _____ Date _____

9. *REVIEW OF THIS REQUEST, by employer or a designated third party, this section should be completed by employer or designated third party.*

By signing below I hereby confirm that:

- The provider receiving current contributions from the Employee, if not identified above, is identified below, and
- Except as listed below, I am not presently aware of an account maintained by the Employee under the plan that is not listed above.

Additional provider(s) for this Employee (if any):

Signature _____ Date _____

Employer Information (if applicable)

Investment provider	Additional information

Use a separate sheet for additional accounts and/or loans.