

Account Reduction Loan Application 403(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-866-467-7756.

Capital Health Retirement Savings & Investment Plan

Cap	Capital Health Hetirement Savings & Investment Plan 95812-01									
Α	Participant Information									
	Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.									
		Account Extension Social Security Number (Must provide all 9 digits)								
	Last Name	First Name	M.I.	Date of Birth						
	Street Address			() Personal Phone Number						
	Sileet Address			()						
	City	State	Zip Code	Work Phone Number						
	Email Address			☐ Married ☐ Unmarried						
				☐ New Permanent ☐ Alternate Address Address (Notary required in Section D)						
В	Type of Loan (Select ONE type) (Please re	Type of Loan (Select ONE type) (Please read Loan Provisions before completing)								
	☐ General Purpose Loan (Available for any	General Purpose Loan (Available for any purpose)								
	Loan term will be 5 years unless otherwi	se indicated:	(1 - 4 years)							
	Principal Residence Loan (Available only to purchase or build a principal residence. Not available to renovate or refinance a principal residence)									
	Loan term will be 15 years unless otherw	nerwise indicated: (6 - 14 years)								
	Required Documentation: Attach a cop	Required Documentation: Attach a copy of the contract to purchase a principal residence.								
С	Amount of Loan	nount of Loan								
	Amount of Loan: \$	·	Minimum Loan: \$100 Maximum Loan: Ger	mum Loan: \$1000.00. mum Loan: Generally the lesser of 50% of my vested account						
	Loan Origination Fee: \$	-50.00	during the previous 12	ance or \$50,000.00 reduced by my highest outstanding loan balance ing the previous 12 months. aount Requested: If the amount requested exceeds available funds, loan will be processed for the maximum amount available. a Information: Please refer to cost section in the Loan Provisions for information.						
	Express Delivery (Optional) \$25 will be deducted \$ —	25.00	the loan will be proces							
	•	-	fee information.							
	Check Amount: \$									
	Method of Payment (To be verified by my Employer)									
	Payroll Deduction									
	First Payroll Deduction Date:/		Payroll Frequency: _ (weekly, bi-weekly, semi-monthly or monthly)						
	Payroll Contact Name:									
D	Participant Consent									
	 My signature acknowledges that I have read, understand and agree to all pages of this Loan Application and Loan Provisions and affirms that all information that I have provided is true and correct. I also understand that: Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. Service Provider accepts no responsibility for any tax consequences to me resulting from my failure to adhere to the terms of this agreement and all applicable federal and state loan laws, and I hereby hold Service Provider harmless from any claim, of whatever nature, from myself, my creditors, my family, my heirs, successors and assigns in connection with this agreement. It is entirely my responsibility to ensure that timely loan payments are being remitted to Service Provider to avoid the tax consequences associated with a defaulted Plan loan. Change of Address/Alternate Address: Must be notarized. If my signature is not notarized, this form will be returned to my address on file and my loan will not be processed. 									

	Last Name	First Name	M.I.	Social Security Number	Number			
	I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx. Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.							
	Participant Signature			Date (Required)				
	Change of Address/Alternate Address Notarization							
	Active Employees Only - If I am requesting a new permanent address, I must also update my primary address with my employ current address is essential for correspondence and tax purposes.							
The date I sign this form must match the date on which my signature was notarized.								
	Statement of Notary NOTE: Notary seal must be visible.							
	State of)	This request was subscribed ar day of (name of participant)	nd sworn <i>(or affirme</i> , yea	*	SEAL			
	proved to me on the basis of satisfactory evidence to be the person who County of) appeared before me.							
	Notary Public			My commission exp	ires //			
Е	Mailing Instructions							
	Participant forward to Service Provider							
	Great-West Retirement Service Regular Mail: PO Box 173764 Denver, CO 80217-3764	s [®] Phone: 1-866-467-77 Fax: 1-866-745-5766 Website: www.gwrs.c		Express Mail: 8515 E. Orchard Road Greenwood Village, CO 801	11			

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.

95812-01

Loan Provisions

Loans may be denied to individuals who have previously defaulted on a loan, subject to the terms of the Plan's Loan Policy.

Incomplete or Inaccurate Information

• In the event that any section of the Loan Application is incomplete, inaccurate or approvals have not been obtained, Service Provider may not be able to process the transaction requested. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Detailed Loan Information

Amount of Loan

- The maximum loan amount is generally the lesser of 50% of the vested account balance or \$50,000.00.
 - This amount must be reduced by any current total outstanding loan balance from all qualified plans sponsored by the employer.
 - Additionally, this amount must be reduced by the excess, if any, of the highest total outstanding loan balance of all loans for the previous 12 months ending on the day before the date this loan is made minus the current outstanding loan balance.

Cost

- · A loan origination fee in the amount of \$50.00 will be deducted from the loan approved amount.
- An additional annual loan administration fee of \$25.00 will be deducted from the account in quarterly installments of \$6.25 until the loan is paid in full.

Interest Rate Determination

- The interest rate is the Prime Rate published in the <u>Wall Street Journal</u> on the first business day of the month the loan is originated plus 2% and is fixed for the life of the loan.
- · The interest I pay on this loan is not tax deductible.

Source and Application of Funds

- Loan disbursements will be made on a prorated basis from each of my current investment options and available money sources, according to my Plan's Loan Policy.
- The funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents.

Delivery Method

Loan Check

- A check made payable to me will be mailed to my address on file unless otherwise indicated in Section A. If I have entered a new permanent address or an alternate mailing address in Section A, I must also obtain notarization in Section D.
- I may confirm my address on file by accessing my account online at www.gwrs.com or contacting the Client Service Department at 1-866-467-7756.

Express Delivery (Optional)

- Express delivery is available for Monday through Friday delivery only. Check will be sent by USPS Express if address is a P.O. Box and could take 2-3 business days for delivery.
- There is an additional non-refundable charge of \$25.00.
- · Delivery is not guaranteed to all areas.

Detailed Payment Information

Repayment

- Payments are made by payroll deduction and are deducted on an after-tax basis.
- Notification will be sent to my employer's payroll department at the time the loan is made, indicating the repayment dollar amount and frequency.
- Principal repayments and interest payments shall be reinvested in accordance with my investment election in effect at the time the payments are received by Service Provider.

Prepayment

- Full Prepayment of the outstanding loan principal and the accrued interest may be made by the next loan payment due date. I must obtain a payoff quote by calling 1-866-467-7756 to obtain a prepayment figure no more than 15 days before the payoff.
- · Partial prepayments may be accepted by checking with the Plan Administrator for details on what is applicable within the Plan.

Principal Reduction Method

- I can elect to send a payment to reduce the principal balance of my loan by contacting Service Provider for a required Loan Prepayment Request.
- · The payment received will be applied first to the current payment due and then to the outstanding principal balance.

Returned Payment Checks

• If a check is returned for failed payment, my loan will become delinquent, which can result in adverse tax consequences.

Default

- Loans are in arrears and delinquent when any payment is missed.
- If the sum of all loan payments due in a calendar quarter are not made and payments are not received by the end of the following calendar
 quarter, pursuant to Internal Revenue Code rules and regulations, the loan will be in default. As a result, the entire outstanding loan balance,
 including accrued but unpaid interest, shall be deemed distributed and will be tax reported in the calendar year of default.
- An IRS premature withdrawal penalty may also apply.

- The unpaid amount of any loan reduces the amount available for a subsequent loan.
- The loan must continue to be repaid even in the event of default until the entire outstanding loan balance, plus all accrued interest thereon, is repaid in full or until, I experience a qualifying event subject to the terms of the Plan Document, allowing the Plan to offset the outstanding loan amounts against my account balance, whichever comes first.

Distributions

Full Distributions

• A full distribution cannot be processed until I have experienced a qualifying event and elect either to treat the loan as a taxable distribution or pay the loan in full.

Partial Distributions

- A partial distribution cannot be processed until I have experienced a qualifying event. Any outstanding loan amount will reduce the amount available for partial distributions, unless I elect to treat an outstanding loan as a taxable distribution.
- An amount equal to the current outstanding loan balance (principal and interest) must remain in the investment account. This restriction does not apply to distributions due to reasons of approved hardship.

Death Distributions

- Any cash distribution from the Plan will be reduced by any outstanding loan obligation.
- All outstanding loan principal and accrued interest shall be treated as a non-cash distribution from the Plan as dictated by the Loan Policy and the amount of the outstanding loan will be tax reported.
- · The loan cannot be transferred to, or assumed by, my beneficiary.

Leave of Absence

· Contact Service Provider or visit the Website at www.gwrs.com for a Loan Payment Change Request form.