

Account Reduction Loan Application
403(b) Plan



Capital Health System Retirement Savings and Investment Plan

95812-01

Participant Information

_____			_____		
Last Name			First Name		MI
_____			_____		
() _____			() _____		
Home Phone			Work Phone		

Social Security Number					

E-Mail Address					

			Mo	Day	Year
			_____	_____	_____
			Date of Birth		
			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	

Your loan check made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm your address on file by accessing your account online at www.gwrs.com. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-701-8255. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized in the section below.**

Type of Loan - Choose one

- GENERAL PURPOSE LOAN:** Available for any purpose.
Indicate term in whole numbers: _____ (Available term: 1-5 years)
- PRINCIPAL RESIDENCE LOAN:** Available **ONLY** to purchase or build a principal residence (not available to renovate or refinance a principal residence).
Indicate term in whole numbers: _____ (Available term: 6-15 years)

Loan Amount

Amount of Loan	\$ _____	Minimum Loan: \$1000.00
Loan Origination Fee	\$ _____ -50.00	Maximum Loan: Generally the lesser of 50% of your vested account balance or \$50,000.00
<input type="checkbox"/> Express Delivery Fee		Note: If a specific amount was requested and the amount requested exceeds available funds, we will process the loan for the maximum amount available.
Deduct \$25.00 from my check amount.	\$ _____ -25.00	
CHECK AMOUNT	\$ _____	

Method of Payment

PAYROLL DEDUCTION - Available only if your employer remits funds to Service Provider at least once a month. Please have the following completed by your payroll department:

Payroll Frequency: _____ (weekly, bi-weekly, semi-monthly, monthly)	First Payroll Deduction Date: _____
Payroll Contact Name: _____	Payroll Dept. Phone No: _____
Payroll Dept. Fax No: _____	
Division Name: _____	Division Number: _____



Spousal Consent

Not Applicable - I am unmarried or my vested account balance is less than \$5,000.00.

You must have your spouse's signature notarized. The date your spouse signs below must match the date on which his or her signature was notarized.

You must obtain your spouse's consent to elect a retirement option other than a Qualified Joint and Survivor Annuity. Your spouse's consent must be obtained no more than 180 days prior to the effective date in order to be effective.

I hereby voluntarily consent to the participant's request indicated on this form. I understand that by providing such consent, with respect to all amounts the participant is hereby electing to receive, I am voluntarily waiving my right to receive a survivor annuity which would otherwise be payable to me during my life and upon the participant's death.

Spouse's Signature **Date**

Statement of Notary

NOTE: Notary seal must be visible, if applicable.

State of _____)
)ss. The consent to this request was subscribed and sworn to (or affirmed) to before me on this _____ day of _____,
 County of _____) year _____, by _____ (name of spouse) proved to me on
) the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents
) his/her free and voluntary act.

SEAL

Notary Public _____ My commission expires _____

Required Signature(s) and Date

My signature acknowledges that I have read, understand and agree to all pages of this Account Reduction Loan Application form and Loan Provisions. I affirm that all information I have provided is true and correct. I understand that payments are due monthly by payroll deduction as allowed by my Plan. I 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. I understand that 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, 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 Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>. I understand that collection of information from other providers under the Plan where I may have an account balance to qualify for a loan may delay the processing of my loan request.

Participant Signature **Date (Required)**

Participant forward to Service Provider at:
 Great-West Retirement Services®
 PO Box 173764
 Denver, CO 80217-3764
Express Address:
 8515 E. Orchard Road, Greenwood Village, CO 80111
Phone #: 1-800-701-8255
Fax #: 1-866-745-5766

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC, 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.

LOAN PROVISIONS

Cost - A loan origination fee in the amount of \$50.00 shall be deducted from the loan amount approved. In addition to the origination fee, an annual maintenance fee of \$25.00 will be deducted from my account in four quarterly installments of \$6.25 until the loan is paid in full. The maximum fee under my state's laws and regulations will be charged for all returned checks.

Express Delivery - \$25.00 non-refundable charge - Express delivery is available for Monday through Friday delivery only and is not available to P.O. boxes. Delivery is not guaranteed to all areas.

Amount of Loan - The maximum loan amount, when added to the outstanding balance of all other loans from all qualified plans sponsored by my employer, is generally the lesser of 50% of my vested account balance, or \$50,000.00 reduced by the excess, if any, of my highest total outstanding balance of all such loans for the one-year period ending on the day before the date the loan is made, over the outstanding balance of loans from all such qualified employer plans on the date the loan is made.

Service Provider is not responsible for aggregation of loans under different plans maintained by the same employer.

Source and Application of Funds - Loan disbursements will be made on a prorated basis from each of my current investment options and contribution sources.

Loans may be denied to individuals who have previously defaulted on a loan, subject to the terms of the Plan and the determination of the Plan Administrator/Employer.

Interest Rate Determination - The interest rate for this type of loan is fixed for the life of the loan. The interest rate is 2% over the prime rate published in the Wall Street Journal on the first business day of the month the loan is originated.

Repayment - If payments are made by payroll deduction, Service Provider will send a notice to my employer's payroll department at the time my loan is made, indicating the dollar amount my employer must begin deducting from my pay each pay period according to the payroll frequency indicated in the Method of Payment section. Loan payments are due each month; however, if I am paid more than once a month, the amount indicated on the notice to be deducted from each of my paychecks is determined according to the number of paychecks I receive each month. I should refer to my Truth-in-Lending Disclosure and Promissory Note and/or amortization schedule for information as to the amount and due date of each payment. **It is entirely my responsibility to ensure that timely loan payments are being remitted to Service Provider by my employer's payroll department to avoid the tax consequences associated with a defaulted plan loan.**

Principal and interest payments shall be reinvested in my account in accordance with my investment election in effect at the time the payments are received by Service Provider.

Default - If the sum of all loan payments due in a calendar quarter is not made and payment is not received by the end of the following calendar quarter, pursuant to Internal Revenue Code rules and regulations, the loan will be in default and the entire outstanding loan balance, including accrued but unpaid interest, shall be deemed distributed and will be tax reported to me. This entire amount must be included in my gross income in the calendar year of default. An IRS premature withdrawal penalty may also apply. The unpaid amount of any loan reduces the amount available under 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 an event allowing the Plan to offset the outstanding loan amounts against my account balance, whichever comes first. Such events include attainment of age 59 1/2 (if Plan Document allows), severance of employment and death.

Leave of Absence - Contact Service Provider for a Loan Payment Change Request form.

Prepayment - Prepayment of the outstanding loan principal and the accrued interest may be made by the next loan payment due date. Arrangements for payment must be made by obtaining a prepayment figure no more than 15 days before the payoff. I must obtain a payoff quote by calling 1-800-701-8255. Consider submitting payment by certified check or bank money order.

Principal Reduction Method - I can elect to send a payment to reduce the principal balance of my loan. The payment received will be applied first to the current payment due and then to the outstanding principal balance.

Partial Distributions - I agree that if I do not elect to treat an outstanding loan as a taxable distribution because I experience a distributable event, any outstanding loan amount will reduce the amount available for partial 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.

Full Distributions - I agree that before a full distribution can be processed, I must have experienced a distributable event and elect to treat the loan as a taxable distribution.

Distribution on Death - All outstanding loan principal and accrued interest shall be treated as a distribution from the Plan on the date of death. The loan cannot be transferred to, or assumed by, my beneficiary. If the loan was not repaid prior to the date of death, any cash distribution from the Plan will be made net of any outstanding loan obligation. In addition, the amount of the outstanding loan will be tax reported as a distribution to me or my estate, as applicable.

Hold Harmless - I understand that Service Provider accepts no responsibility for any adverse 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.