



ISD NO 15 403(B) RETIREMENT PLAN

1014495-01

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-543-2520.

**A 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

( ) ( )

City

State

Zip Code

Work Phone Number

Email Address

Married  Unmarried

New Permanent Address  Alternate Address  
(Notary or witness required in Section D)

**B Type of Loan (Select ONE type) (Please read Loan Provisions before completing)**

**General Purpose Loan** (Available for any purpose)

Loan term will be 60 months unless otherwise indicated: \_\_\_\_\_ (12 - 59 months)

**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 180 months unless otherwise indicated: \_\_\_\_\_ (61 - 179 months)

**Required Documentation:** Attach a copy of the contract to purchase a principal residence.

**C Amount of Loan**

Amount of Loan: \$ \_\_\_\_\_

Loan Origination Fee: \$ \_\_\_\_\_ -75.00

Express Delivery (Optional) \$ \_\_\_\_\_ -25.00  
\$25 will be deducted

Check Amount: \$ \_\_\_\_\_

- **Minimum Loan:** \$1000.00
- **Maximum Loan:** Generally the lesser of 50% of my vested account balance or \$50,000.00 reduced by my highest outstanding loan balance during the previous 12 months.
- **Amount Requested:** If the amount requested exceeds available funds, the loan will be processed for the maximum amount available.
- **Fee Information:** Please refer to cost section in the Loan Provisions for fee information.
- **Documentary Tax:** If I am a resident of the State of Florida, please see the Loan Provisions for documentary tax information.

**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 Signatures and Consent**

**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:

- 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.
- 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.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

**D Signatures and Consent**

**Participant Consent**

- 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 or witnessed by my authorized Plan Administrator.
  - If my signature is not notarized or witnessed, this form will be returned to my address on file and my loan will not be processed.

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 (May also be witnessed by my authorized Plan Administrator)**

**Active Employees Only** - If I am requesting a new permanent address, I must also update my primary address with my employer. A current address is essential for correspondence and tax purposes.

If I live in California and my notary is required to use the state notary form, the following items must be completed by the notary on the state notary form: the title of the form I am completing, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.

*The date I sign this form must match the date on which my signature was notarized or witnessed.*

**Statement of Notary**

**NOTE: Notary seal must be visible.**

This request was subscribed and sworn (or affirmed) to before me

State of \_\_\_\_\_) on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by

)ss. **(name of participant)** \_\_\_\_\_

County of \_\_\_\_\_) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

**SEAL**

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Authorized Plan Administrator Signature**

This request is in compliance with Plan provisions and the amount of the loan does not exceed the amount described in Section C of this form. A written explanation of the tax rules and any Internal Revenue Code, Department of Labor or other notice requirements applicable to this loan have been provided to the participant. The appropriate consent and waivers have been obtained and provided on this request. Service Provider is authorized to rely on the information provided on this form.

The recordkeeping system has the accurate vesting percentage unless otherwise indicated below. Please be advised that balances may not exist in all money sources.

ERB 1 - 403B EMPLOYER MATCH \_\_\_\_\_ 100 %

**Employer certification of Loan Information from other providers:**

Highest total outstanding loan balance of all loans for a one-year period ending as of current date: \$ \_\_\_\_\_

Number of active loans the participant has with other providers: \_\_\_\_\_

Does the participant have a prior defaulted loan?  Yes  No

If notarized consent is not obtained, I certify that the participant's permanent address change or alternate mailing address request was signed by the participant in my presence.

I authorize Service Provider to process this loan as requested by the participant.

**Authorized Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

<b>E</b>	<b>Mailing Instructions</b>											
	<p><b>Participant</b> forward to Employer <b>Employer</b> forward to Service Provider</p> <table><tr><td>MetLife c/o FASCore, LLC</td><td>Phone: 1-800-543-2520</td><td>Express Mail:</td></tr><tr><td>Regular Mail:</td><td>Fax: 1-866-745-5766</td><td>8515 E. Orchard Road</td></tr><tr><td>PO Box 173768</td><td>Website: www.mlr.metlife.com</td><td>Greenwood Village, CO 80111</td></tr><tr><td>Denver, CO 80217-3768</td><td></td><td></td></tr></table>	MetLife c/o FASCore, LLC	Phone: 1-800-543-2520	Express Mail:	Regular Mail:	Fax: 1-866-745-5766	8515 E. Orchard Road	PO Box 173768	Website: www.mlr.metlife.com	Greenwood Village, CO 80111	Denver, CO 80217-3768	
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## 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 \$75.00 will be deducted from the loan approved amount.
- An additional annual loan administration fee of \$50.00 will be deducted from the account until the loan is paid in full.
- If I am a resident of the State of Florida, a documentary stamp tax is payable to the state. More information is available at: <http://www.myflorida.com/dor/>.

#### Interest Rate Determination

- The interest rate is the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated plus 1% 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.
- If I have a self-direct brokerage account, the loan cannot be processed unless I have sufficient funds in the core investment options (Non-self-directed investment options) to cover the loan amount plus the core minimum investment amount.
- Roth and Non-Roth money sources will be depleted according to the Plan.
- 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 or have my signature witnessed in Section D.
- I may confirm my address on file by accessing my account online at [www.mlr.metslife.com](http://www.mlr.metslife.com) or contacting the Client Service Department at 1-800-543-2520.

#### 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 accessing the Participant Website at [www.mlr.metslife.com](http://www.mlr.metslife.com) or by calling 1-800-543-2520 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.
- Borrowers who default on a loan from the Plan will be prohibited from obtaining future loans from the Plan.
- 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.
- I am aware that I must maintain a minimum amount of \$2,500.00 in my core investment options if I have a portion of my account balance invested in a self-directed brokerage account.

### **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.mlr.metlife.com](http://www.mlr.metlife.com) for a Loan Payment Change Request form.