

AFPlanServ® Plan Loan Approval Form

Participant Instructions

The AFPlanServ® Loan Approval Form must be submitted to AFPlanServ® to approve a maximum loan amount from your employer's 403(b) or 457(b) Plan ("Plan"). Your investment provider may require its own paperwork in addition to this form and may also have restrictions on loans. **The maximum amount that the Plan will permit as a loan is the lesser of (1) 50% of your vested account balance, or (2) \$50,000 reduced by the highest outstanding loan balance of any loan from all Plans held under the employer in the last 12 months. If 50% of your vested account balance is less than \$10,000 then you may borrow up to \$10,000, subject to the terms of your investment provider's contract(s).** Once you have completed steps 1-5, please fax or mail this form back to AFPlanServ® using the information at the bottom of this page.

Step 1: Participant Information

Name _____ Social Security Number _____ Date of Birth ____/____/____
Mailing Address _____ Home Phone _____
City _____ State _____ Zip _____ Work Phone _____
Employer _____

Step 2: Current and Previous Loans: Please answer the following questions for any 403(b), 401(k), 401(a), or 457(b) Plans.

1. Have you ever defaulted on a previous loan(s)? Yes No
If Yes, you must provide documentation that the previously defaulted loan has been repaid, offset, or otherwise returned to good standing.
2. In the past 12 months have you taken any loans from the Plan? Yes No
3. If Yes to #2, what was your total highest loan balance from all loans taken in the last 12 months? \$ _____

Step 3: Current Loan and Account Balance(s): Please identify all your current 403(b), 401(k), 401(a), or 457(b) accounts, loan balances, and account balances and attach a copy of your most recent account statement(s) for each account.

<u>Investment Provider Name</u>	<u>Current Loan Balance</u>	<u>Account Balance</u>	<u>Highest Loan Balance (last 12 months)</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Step 4: Investment Provider and Plan Type from which Plan loan will be established.

Provider _____
Account Number _____
Type of Plan (check one): 403(b) 457(b)

Step 5: Signature and Acknowledgement

By signing this form, I certify that the information I have provided is accurate and I have satisfied all of the requirements to request this transaction, and have verified that it is permissible under the terms of my 403(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of the third party plan administrator in this transaction is limited to this authorization.

Participant Signature (Required) _____ Date _____ \$ _____
Requested Loan Amount

AFPlanServ® Use Only

AFPlanServ® Authorized Signature _____ Approval Date

Maximum loan amount approved, if available: \$ _____

American Fidelity Assurance Company, dba AFPlanServ®
P.O. Box 269008 · Oklahoma City, OK 73126 · Toll Free 1-866-560-6415 · Fax 1-866-578-0962