

Plan Loan Approval Form

Please complete this form to request a loan 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. After this form has been received your request will be reviewed and, if approved, forwarded to you or your provider for processing. **Generally, the maximum amount that the Plan will permit as a loan is the lesser of 50% of your vested account balance, or \$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). For a Qualified Disaster Recovery Loan, the limit is the lesser of 100% of your vested account balance, or \$100,000.**

Participant Information

Full Name: (last, first, middle initial)	
Address: (street, city, state and zip)	
Social Security Number:	Date of Birth: (MM/DD/YYYY)
Phone Number: (with area code)	Email Address:
Employer:	

Please answer the following questions for any 403(b), 401(k), 401(a), or 457(b) Plans.

- Have you ever defaulted on a loan(s) taken from the Plan types listed above? Yes No
If yes, you must provide documentation that the previously defaulted loan has been repaid, offset, or otherwise returned to good standing.
- In the past 12 months have you taken any loans from the Plan types listed above? Yes No
- Are you requesting a Qualified Disaster Recovery loan in connection with a qualified Federally Declared Disaster? Yes No
If yes, you must provide the address of the residence where you suffered economic loss if it's not your mailing address and proof that it is your primary residence.
- Are you requesting this loan to purchase a primary residence? Yes No
If yes, you must provide documentation for the purchase of the primary residence.

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. Attach a copy of each account's most recent statement(s).

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

Investment Provider and Plan Type

Provider:
Account Number(s):
Type of Plan (check one): <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b)

Signature and Acknowledgement

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

Participant Signature: _____ Date: _____ Requested Loan Amount: \$ _____

AFPlanServ Use Only	
AFPlanServ Authorized Signature:	
Maximum loan amount approved, if available: \$ _____	Approval Date: (MM/DD/YYYY)