

## Loan Payment Change Request

**Cooperative Baptist Fellowship 403(b)(9) Plan**

**93408-01**

### Participant Information

Last Name			First Name			MI			Social Security Number									
<i>(The name provided MUST match the name on file with Service Provider.)</i>																		
Address - Number & Street									E-Mail Address									
City			State			Zip Code			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		Mo		Day		Year	
( )		( )																
Home Phone						Work Phone						Date of Birth						

### Method of Payment Change

#### Automated Clearing House (ACH)

If you are making a change to an existing bank account, this form and documentation must be complete and in good order with Service Provider at least 5 business days in advance of the next payment due date. If the request is not in good order with Service Provider at least 5 business days in advance of the next payment due date, then the ACH information currently on file will be used.

I would like my payment deducted on the \_\_\_\_\_ day of each month.\*

- Checking Account - must attach preprinted voided check\*\*
- Savings Account - must attach preprinted voided deposit slip\*\*

Financial Institution Name			Account Number			ABA Number		
Financial Institution Mailing Address			City			State/Zip Code		

\* I may choose any day of the month for my payments to be due. If a particular month does not have that day included, the due date will be set for the last calendar day of the month. If I do not provide a date, my payment will be deducted on the 15th of each month. I MUST review the amortization schedule for my loan so I am aware of when payments are due. I understand that if my payment due date falls on a weekend or bank holiday, my payment will be deducted the following business day.

\*\*Note: Money Market or Brokerage Accounts cannot be used.

I understand that it is my responsibility to ensure sufficient funds are available in my checking/savings account on the due date of my payment each month. I understand if the ACH debit fails for any reason, my checking/savings account will not be debited again for the failed payment and my loan will become delinquent, which can result in adverse tax consequences. It is my responsibility to make any failed or missed payments within the required time frame and submit them to the below address (please consider submitting payment by certified check or bank money order):

GREAT-WEST TRUST COMPANY, LLC  
 PO Box 560877  
 Denver, CO 80256-0877

Express delivery mail address - request a.m. delivery:

US Bank  
 10035 East 40th Avenue Suite 100  
 Attn Lockbox # 560877 DN-CO-OCLB  
 Denver, CO 80238

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

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

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

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

Number \_\_\_\_\_

**Leave of Absence**

To avoid default due to a leave of absence other than for military leave, the leave of absence cannot be longer than one year and cannot extend beyond the maximum loan term, and the participant cannot receive a rate of pay (after income and employment tax withholding) that is less than the amount of the installment payments required under the terms of the loan. Interest continues to accrue during your leave of absence. Your Plan may impose more stringent provisions regarding Plan loans due to a leave of absence.

**Complete this portion when the participant begins a leave of absence:**

Leave of Absence Start Date \_\_\_\_\_ Last Loan Payment Date \_\_\_\_\_

**Complete this portion when the participant returns from a leave of absence:**

Leave of Absence Stop Date \_\_\_\_\_

**Choose one option:**

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.

**Note:** If applicable, a new amortization schedule will be sent to the participant and payroll department with the new payment amount.

**Military Leave of Absence**

To avoid default due to a military leave of absence, loan repayments must resume upon completion of military service. The frequency and amount of each payment cannot be less than the amounts under the terms of the original loan, and the loan must be repaid in full by the end of the period which equals the original loan term plus the period of military service. Interest continues to accrue during your leave of absence. If the interest rate on your loan is greater than 6%, it will be reduced to 6% during your military leave of absence.

**Complete this portion when the participant begins a military leave of absence:**

Military Leave of Absence Start Date \_\_\_\_\_ Deduction Stop Date \_\_\_\_\_

**Complete this portion when the participant returns from a military leave of absence:**

Military Leave of Absence Stop Date \_\_\_\_\_

**Choose one option:**

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.
- Reamortize the missed loan payments by extending the maturity date by the length of the military leave of absence.

**Note:** If applicable, a new amortization schedule will be sent to the participant and payroll department with the new payment amount.

**Required Signature(s)**

My signature acknowledges that I have read, understand and agree to the option(s) I elected above.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
M.I.\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Number

This request is in compliance with Plan provisions.

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

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

\_\_\_\_\_  
**Print Full Name**

**Participant** forward to Plan Administrator

**Plan Administrator** forward to Service Provider at:

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-866-467-7756

**Fax #:** 1-866-745-5766

We will not accept hand delivered forms at Express Mail addresses.

**Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers.** Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.