

Cooperative Baptist Fellowship 403(b)(9) Plan

93408-01

For My Information

I would use this form when I am requesting an Account Reduction Loan.

Additional Information

- I may track the status of this withdrawal request by logging into my account on the website at empowermyretirement.com.
- For questions regarding this form, refer to the attached Loan Provisions, visit the website at empowermyretirement.com or contact Service Provider at 1-866-467-7756.
- Return instructions for this form are in Section G.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies a participant with multiple accounts.

Account Extension _____

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U.S. Social Security/U.S. Taxpayer Identification Number
(Must provide all 9 digits)

Last Name _____

First Name _____

M.I. _____

Date of Birth (mm/dd/yyyy) **Required**

(The name provided MUST match the name on file with Service Provider.)

() / ()

Daytime Phone Number

Mailing Address on My Account _____

()

Alternate Phone Number

City _____

State _____

Zip Code _____

- I have confirmed the address on my account by accessing my account online at empowermyretirement.com. If the address on my account does not match the address provided above, there will be processing delays.
- **If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.**
- Once the address is updated on my account, I may submit this form with my new address entered above.

Division _____

Email Address _____

Select One (Required):



- I am a U.S. Citizen or U.S. Resident Alien.
 - I am a Non-Resident Alien or Other. (Complete 'Non-Resident Alien or Other Certification' section.)
- Required** - Provide Country of Residence: _____

B Loan Options (Please read Loan Provisions before completing)

Loan Refinance (Complete this section only if refinancing existing loan(s))

- Refinance all outstanding loan(s)
- Refinance outstanding loan number(s): _____

Type of Loan (Select ONE type)

- 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.

Last Name

First Name

M.I.

U.S. Social Security Number

Number

C Amount of Loan

Amount of Loan: \$ _____

Loan Origination Fee: \$ _____ -50.00

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

Estimated Check Amount: \$ _____

- **Refinancing Existing Loan(s):** Indicate the additional amount of loan on the Amount of Loan line provided.
- **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.

D Method of Payment

Automated Clearing House ("ACH")

I would like my payment deducted on the _____ day of each month* from my checking account. I have attached a copy of a preprinted voided check for the account or letter on financial institution letterhead signed by a representative from the financial institution which includes my name, checking account number and ABA routing number.** I agree to allow an Automated Clearing House (ACH) debit of my checking account for the exact amount due.

ACH can only be made from a United States financial institution. Any requests received referencing a foreign financial institution will be rejected.

I certify, represent and warrant that the account requested for ACH is established at a financial institution or a branch of a financial institution located within the United States.

By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit.

* 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.

E Non-Resident Alien or Other Certification

(Continue to the next section after completing.)

Only Complete if I indicated I am a non-resident alien or other under Section A of this form.

Do not complete if U.S. Citizen or U.S. Resident Alien was indicated in Section A of this form.

Under penalty of perjury, if I checked Non-Resident Alien or Other in Section A of this form, my signature certifies that:

- I am the individual that is the beneficial owner of all the income to which this form relates or am using this form to document myself for chapter 4 purposes.
- I am not a U.S. person
- The income to which this form relates is:
 - a. not effectively connected with the conduct of a trade or business in the United States,
 - b. effectively connected but is not subject to tax under applicable income tax treaty, or
 - c. the partner's share of a partnership's effectively connected income.
- I am a resident of the treaty country listed below under the "Claim of Tax Treaty Benefits" (if any) within the meaning of the income tax treaty between the United States and that country.
- I agree that I will submit a Form W8-BEN within 30 days if any certification made on this form becomes incorrect.

Identification of Beneficial Owner

Country of citizenship _____ Foreign tax identifying number _____

Permanent resident address (street, apt. or suite no., or rural route) **Do not use P.O. Box or in-care of address** _____

City or town, state or province. Include postal code where appropriate. _____ Country _____

Mailing Address (if different from above) _____

City or town, state or province. Include postal code where appropriate. _____ Country _____

Claim of Tax Treaty Benefits (for chapter 3 purpose only)

I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

Special rates and conditions (if applicable): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on the line above to claim a _____% rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

Last Name _____

First Name _____

M.I. _____

U.S. Social Security Number _____

Number _____

F Participant Consent *(Please sign on the 'Participant Signature' line below.)*

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.
- Under penalty of perjury, I certify that the U.S. Social Security Number or U.S. Taxpayer Identification Number shown in Section A is correct. I am a U.S. person if I marked the U.S. Citizen or U.S. Resident Alien box of Section A.
- Service Provider accepts no responsibility for any tax consequences to me resulting from my failure to adhere to the terms of this loan 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 loan.
- **Additional authentication may be necessary before my loan is processed and/or payment released.**
- **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.**
- 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 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)** _____

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

G Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:

Login to account at
empowermyretirement.com

Click on Upload Documents to submit

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

OR

Faxed to:

Empower Retirement
1-866-745-5766

OR Sent Regular Mail to:

Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Sent Express Mail to:

Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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.

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.

Non-Resident Alien or Other Status

- If I selected non-resident alien or other on page 1, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> for further information.

Changes to My Request

- Any changes to this Loan Application must be crossed-out and initialed. If I do not initial all changes, this Loan Application may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this 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.

Refinance Option

Loan Refinance

- If sufficient funds are available and I meet the requirement for the refinance loan, I will be allowed to replace an existing loan with a new loan and request an additional amount.
- The refinance loan term cannot exceed the shortest term of all outstanding loans and cannot be refinanced if less than the minimum term allowed by my Plan.

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 \$50.00 will be deducted from the loan approved amount.
- An additional annual loan administration fee of \$25.00 will be deducted from the account in quarterly installments of \$6.25 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 2% 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

- All money sources and investment options will be disbursed according to the Plan rules.
- 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.
- I may confirm my address on file by accessing my account online at empowermyretirement.com or by calling 1-866-467-7756.

Express Delivery (Optional)

- Estimated delivery time is 1-2 business days.
- In addition to any loan fees, a \$25.00 non-refundable charge will be deducted from my loan amount.
- Available for delivery Monday - Friday, with no signature required upon delivery.
- If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas.

Detailed Payment Information

Repayment

- 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.

General ACH Information

- By electing ACH payments from my financial institution account, I am authorizing Service Provider to initiate debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my checking account.
- It is my responsibility to ensure sufficient funds are available in my checking account on the due date of my payment each month.
- If the ACH debit fails for any reason, my checking 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:

Regular Mail:

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

Express delivery mail address for a.m. delivery:

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

Prepayment

- Full Prepayment of the outstanding loan principal and the accrued interest may be made by the next loan payment due date. Consider submitting payment by certified check or bank money order. I must obtain a payoff quote by accessing the website at empowermyretirement.com or by calling 1-866-467-7756 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. Consider submitting payment by certified check or bank money order.
- 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 due to non-sufficient funds or account closure, 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.
- The unpaid amount of any loan reduces the amount available for 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 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.

Withdrawals**Full Withdrawals**

- A full withdrawal cannot be processed until I have experienced a qualifying event and elect either to treat the loan as a taxable withdrawal or pay the loan in full.

Partial Withdrawals

- A partial withdrawal cannot be processed until I have experienced a qualifying event.
- Any outstanding loan amount will reduce the amount available for partial withdrawals, unless I elect to treat an outstanding loan as a taxable withdrawal.
- An amount equal to the current outstanding loan balance (principal and interest) must remain in the investment account. This restriction does not apply to withdrawals due to reasons of approved hardship.

Death Withdrawals

- Any cash withdrawals from the Plan will be reduced by any outstanding loan obligation.
- Any loans outstanding at the time of death will be handled per the Plan rules.
- The loan cannot be transferred to, or assumed by, my beneficiary.

Leave of Absence

- Contact Service Provider or visit the website at empowermyretirement.com for a Loan Payment Change Request form.