

Loan Payment Change Request

Cooperative Baptist Fellowship 403(b)(9) Plan

93408-01

Participant Information

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|--|------------|------------|------|---|--|--|---------------------------|--|--|------|-------|----------|--------|--------|--|------------|------------|--|---|------------------------|----------------|--|----|-----|------|---------------|--|--|
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Last Name</td> <td style="width:33%; border-bottom: 1px solid black;">First Name</td> <td style="width:33%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td colspan="3"><i>(The name provided MUST match the name on file with Service Provider.)</i></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Address - Number & Street</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">()</td> <td style="border-bottom: 1px solid black;">()</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Home Phone</td> <td colspan="2" style="border-bottom: 1px solid black;">Work Phone</td> </tr> </table> | Last Name | First Name | MI | <i>(The name provided MUST match the name on file with Service Provider.)</i> | | | Address - Number & Street | | | City | State | Zip Code | () | () | | Home Phone | Work Phone | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Social Security Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">E-Mail Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <table style="float: right; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;">Mo</td> <td style="border-bottom: 1px solid black; width: 20px;">Day</td> <td style="border-bottom: 1px solid black; width: 20px;">Year</td> </tr> <tr> <td colspan="3" style="text-align: center;">Date of Birth</td> </tr> </table> </td> </tr> </table> | Social Security Number | E-Mail Address | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <table style="float: right; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;">Mo</td> <td style="border-bottom: 1px solid black; width: 20px;">Day</td> <td style="border-bottom: 1px solid black; width: 20px;">Year</td> </tr> <tr> <td colspan="3" style="text-align: center;">Date of Birth</td> </tr> </table> | Mo | Day | Year | Date of Birth | | |
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| Address - Number & Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone | Work Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 more 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 _____

Important: This form must also be completed and submitted upon your return.

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.

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

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at
empowermyretirement.com
Click on *Upload Documents* to submit

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

We will not accept hand delivered forms at express mail addresses.

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