

RETIREMENT PLAN LOAN REQUEST

A State Street and Citigroup Company	Page 1 of 3
Plan Name:	Plan Number:
INSTRUCTIONS:	

- If you are requesting a loan from more than one Plan, you must complete a separate form for each Plan.
- If you already have an outstanding loan(s) with your employer, ask your Plan Administrator if you are permitted to take this additional loan.
- Spouse's Consent: You might also need to complete Sections 5 and 6: Participant's Election to Waive a Qualified Joint & Survivor Annuity and Spouse's Consent. Check with your Plan Administrator about this requirement. For more information, see the attached Explanation of Qualified Joint & Survivor Annuity

more imormation	, see the attached Expli	ination of Qualified	Joini & Burvivor Annuity.
			icated. If you have any questions or need help in ct telephone number that appears on your quarterly
SECTION 1 – PAI	RTICIPANT INFOI	RMATION	
Participant's Name (p	orint full name)		Social Security Number (SSN) or ITIN
Home Address			Daytime Telephone Number (optional)
Trome 7 radiess			
City	State	Zip Code	Date of Birth (required)
SECTION 2 – DIR		Q Questions and An	swers about your Loan. The Questions and Answers
			and conditions of your loan.
SECTION 3 – LO	AN AMOUNT REQ	UESTED	
			chedule might be, there is a tool available on your Plan's meet telephone number, and speak to a Participant Service.
☐ I request a loan	amount of \$		

Participant's Initials

If the requested amount is not	available, the maximum	amount permitted by law wa	ill be processed for the loan.
	— <i>OR</i> —		

I request a loan in the maximum amount permitted by law. Participant's Initials

RETIREMENT PLAN Participant Name: _ LOAN REQUEST Page 2 of 3 Participant's SSN or ITIN: **SECTION 4 – LOAN TERMS** I intend to use the loan proceeds to purchase my primary residence. ☐ YES □ NO A failure to check a box means NO. If you checked YES above and your loan is for greater than \$5,000: Loan Repayment Period: ______ year(s) (a period up to 30 years—Residential) A failure to enter a repayment period shall result in a 30-year repayment period being selected. If you checked NO above, you select a loan repayment period of: Loan Repayment Period: ______ year(s) (a period up to 5 years—Personal) A failure to enter a repayment period shall result in a 5-year repayment period being selected. How often are you paid?: (Check one) □ weekly □ biweekly □ semi-monthly □ monthly SECTION 5 – PARTICIPANT'S ELECTION TO WAIVE A QUALIFIED JOINT & SURVIVOR ANNUITY Complete this section only if the spouse's consent is required by the Plan. Please check only one. If you check "I have a Spouse," the Spouse's notarized consent must be completed in the Spouse's Consent Section. If you check any of the other elections, attach appropriate documentation, if applicable, and skip the Spouse's Consent Section. I certify that: ☐ I have a Spouse. I do not have a Spouse. (If your divorce is final and you have not married again, whether by ceremonial, proxy, informal, or common-law marriage, you do not have a Spouse. If you are separated, but not finally divorced, you do have a Spouse.) ☐ My Spouse cannot be located. I must inform the Plan Administrator if the location of my Spouse becomes known. I understand the Plan Administrator may make an investigation as to the whereabouts of my Spouse. A court determined that my Spouse and I are legally separated. Certified copies of all court orders must be attached. A court determined that my Spouse has abandoned me. Certified copies of all court orders must be attached. **SECTION 6 – SPOUSE'S CONSENT** Complete this section only if the spouse's consent is required by the Plan, and you selected "I have a Spouse" in the prior section. I am the Spouse of the Participant. I received the Plan's Explanation of the Qualified Joint & Survivor Annuity (OJSA) and

I am the Spouse of the Participant. I received the Plan's Explanation of the Qualified Joint & Survivor Annuity (QJSA) and consent to the distribution indicated on this form. I understand that I have the right to have the Participant's retirement benefit paid in the QJSA payment form, and I consent to give up those rights. I understand that by signing this consent, I might receive less money than I would have received under the QJSA payment form, and I might receive nothing after the Participant dies depending on the payment form or beneficiary that the Participant chooses. I understand that I may limit my consent to a particular payment form and a particular beneficiary.

Spouse's Signature Date

This form will not be accepted unless it bears the Notary's official seal. This form will NOT be accepted if the Notary is an employee of CitiStreet or any of its affiliates.

CERTIFICATE OF NOTARY PUBLIC

I certify to the Plan Administrator that on the date written below before me personally appeared the above-named Spouse, personally known to me or satisfactorily identified to me, and he or she signed this document in my presence for the purposes stated by it, without any undue influence. My commission has not expired. In addition to any civil and criminal punishment that might apply under the laws of the state that appointed me as a Notary Public, I understand that under federal law if I made a false statement I can be fined \$10,000 or imprisoned for up to 5 years or both.

Signature and Seal of Notary Public	Date

Participant Name:	
Participant's SSN or ITIN:	

RETIREMENT PLAN LOAN REQUEST Page 3 of 3

SECTION 7 – PARTICIPANT CERTIFICATION

Your failure to complete this section results in a denial of your claim.

In addition to (and not by limitation upon) all other provisions, this document is also a promissory note.

I received the Loan Questions and Answers document, and understand all of its provisions. I received the explanation of the Qualified Joint & Survivor Annuity (QJSA).

I understand the extra Loan fees, which are in addition to my Plan Account's regular fee.

By signing this document, I confirm to Smith Barney Corporate Trust Company and CitiStreet Associates LLC that I have made a legally valid obligation to repay the Loan and that I intend to repay the Loan.

I certify, under penalties of perjury, that:

- everything I said on this form is true, correct and complete
- my Social Security Number or other Taxpayer Identification Number shown above is correct
- I am not a resident of any nation, state, or locality other than as shown on this form

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan.

If the Plan, an insurer, or a custodian pays or fails to pay any benefit in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

Participant's Signature	Date



You must submit this form to your employer for his/her signature in the next section. CitiStreet will NOT process this request unless your employer has completed the Plan Administrator Instruction and Approval Section below.

SECTION 8 – PLAN ADMINISTRATOR INSTRUCTION	N AND APPROVAL
All Loan Requests will be processed in accordance with the vested percentage of the participant's Employer Contribution(s) as:	
The Plan Administrator approves the loan requested in this Loan Reque made through payroll deductions.	est. I acknowledge that all loan repayments must be
Plan Administrator's Name (print full name)	Participant's Date of Hire
Plan Administrator's Signature	Date
Employer/Plan Administrator MUST keep this original form for the	e Plan's records.
• Please fax <u>or</u> mail (do not do both) a copy of this form complete wi	ith Plan Administrator's Signature to:
CitiStreet Associate	s LLC

Two Tower Center P.O. Box 1084 East Brunswick, NJ 08816-1084

ATTN: Distributions

Fax Number: (732) 514-8799