



403(b) Loan Authorization Form

Participant Instructions

The 403(b) Loan Authorization Form must be submitted to National Benefits Services, LLC (NBS), the third party administrator, to authorize any loan of 403(b) amounts from investment providers of your employer or former employer's 403(b) plan. **The investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form.** You must attach account statements from your investment provider documenting the account and loan balances you indicate. All attached forms or paperwork will be forwarded to the investment provider indicated on page 2 unless you clearly indicate otherwise.

Upon completion, fax, email or mail a copy of the form to National Benefit Services, LLC. Please note that this form is not valid unless all applicable sections are completed and you have signed the form. If you have questions regarding this form, please call 1-800-274-0503 ext. 5. Inquiries regarding the status of your loan may be directed to NBS at (800) 274-0503 ext. 5. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider.

Please note: If you have previously defaulted on a 403(b), 457(b), or 401(k) loan, you are not eligible for another loan unless you submit proof that the defaulted loan is paid off and/or your employer allows for payroll deferrals.

Investment Provider Instructions

NBS represents this loan of 403(b) amounts is permitted by the employer's plan and is in accordance with the 403(b) Provider/Information Sharing Agreement (Agreement) entered into by your company and NBS, provided that NBS has signed on page 2. The loan issue amount may not exceed the dollar amount indicated in Maximum Eligible Loan Amount box. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

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1 Participant Information

Participant Name		Participant Email Address	
Participant Mailing Address, City, State, Zip Code		Employer Name	Employer State
Social Security Number	Personal Phone Number	Work Phone Number	Date of Birth
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

2 Investment Provider Information

Investment provider from which 403(b) amounts will be loaned to you. This form will be sent to the investment provider below unless instructed otherwise.

Investment Provider	Account Number	Phone Number	Fax Number
Mailing Address, City, State, Zip Code			

3 Current and Previous Loans

Answer the following questions concerning current and previous loans

- Have you ever defaulted on a previous 403(b), 401(k), or 457(b) plan loan? If YES, then you must provide documentation that the previously defaulted loan has been repaid, offset, or otherwise returned to good standing. Yes No
- Do you currently have or have you had in the past 12 months a 403(b), 401(a), or 457(b) loan(s)? Yes No
- If you have or have had an outstanding loan(s) in the past 12 months, what is your highest outstanding loan balance(s) in the last 12 months? You must attach an account statement reflecting your highest loan balance(s) in the past 12 months. \$ _____

4 Current Loan and Account Balances

Identify all your current 403(b), 401(a), or 457(b) accounts, account balances, and loan balance and attach a copy of your most recent account statement(s). Attach an account statement for each account. If you have more than three accounts, please attach a separate page with that account information.

	Investment Provider Name	Current account value (excluding outstanding loans)		Current outstanding loan amount (if any)		Total account value
Account 1	_____	\$ _____	+	\$ _____	=	\$ _____
Account 2	_____	\$ _____	+	\$ _____	=	\$ _____
Account 3	_____	\$ _____	+	\$ _____	=	\$ _____
Example	XYZ Annuity Company	\$ 30,000.00	+	\$ 6,000.00	=	\$ 36,000.00

5 Participant Approval

I recognize that the information contained on and attached to this form may be shared with a third party (including National Benefit Services, LLC) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the investment providers indicated on this form to release non-public information pertaining to my accounts as necessary to administer the Plan including account balance, loan balance, loan status, and loan history. I certify that the information I have provided is accurate. I understand that IRS taxes and penalties may apply if I default on a plan loan. (Consult with a tax advisor for tax-related questions.)

Employee Signature (Required)	\$	Requested Loan Amount	Date
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6 For NBS Use Only

NBS Signature (Required)	Vested % (if required)	\$	Max. Eligible Loan Amount	Date
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Form - 403-203 (04/2018)