

## Request For A Loan Voucher

To determine your ability to take a loan from this 403(b) plan, please complete the following information.

The amount of the loan you are eligible for is based on existing loans you already have under this 403(b) plan and any other retirement plan of your employer and the largest outstanding loan balance in the past 365 days. If you are eligible for a loan, you will be issued a voucher. However, some vendors may not allow loans. For those vendors that offer loans, they may require that you provide additional information. Please be aware that vendors may impose additional processing restrictions or requirements in order to receive a loan from a specific contract or account. Therefore, completion of this request does not ensure approval of the loan. The Loan Voucher will be valid 30 days from date of issue.

### Section A: Participant Information

Plan Name: Coventry Public Schools 403(b) Plan	Plan Number: 7989
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Please print clearly.

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Last Name	First Name	Social Security Number (SSN)
Date of Birth	Are you currently employed with the above employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		
City	State	Zip Code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daytime Phone Number:		When Available?
Evening Phone Number:		When Available?

**In order to expedite the process, the voucher can be sent to you by e-mail or fax.**

Would you like the voucher e-mailed to you?     Yes     No  
 If yes, please provide a valid e-mail address: \_\_\_\_\_

Would you like the voucher faxed to you?     Yes     No  
 If yes, please provide a valid fax number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Attn:  
 \_\_\_\_\_

### Section B: Existing Accounts Within this 403(b) Plan

**In order to properly calculate the loan amount available, please list below the information on your existing 403(b) accounts.**

Name of Vendor	Contract/Account Number	Account Balance

### Section C: Other Retirement Plans

In order to properly calculate the loan amount available all loan balances from retirement plans other than your 403(b) plan need to be included in the calculations. If you have any outstanding loans in other retirement plans sponsored by your employer, provide the following information. Do not include any amounts listed in another employer's plan or any amounts listed with the following approved vendors:

Ameriprise Financial Services Inc  
 AXA Equitable  
 Commonwealth Annuity and Life Insurance Company, for itself, Protective Life, & Kemper  
 Investors Life  
 Fidelity Investments  
 Great American Financial Resources Incorporated  
 ING Life Insurance and Annuity Company  
 Lincoln Investment Planning  
 Mass Mutual Financial Group  
 MetLife  
 MetLife Investors  
 MetLife of CT  
 The Variable Annuity Life Insurance Company  
 Waddell & Reed Financial Services

Name of Retirement Plan	Contract/Account Number	Outstanding Loan Balance Date	Outstanding Loan Balance Amount	Largest Outstanding Loan Balance in the past 365 days	Status of Loan Active or Defaulted (payments being made)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

### Section D: Loan Request Amount and Terms

Amount of Loan you are requesting?  
**OR**  
 Indicate that you would like the Maximum Loan        \$        /        ■  
 Amount Available by checking this box

Requested Term of Loan?        Specify  Months         Years

If the term of the loan is greater than 5 years, are the proceeds being used for the purchase of a principal residence?  
 Yes         No

\*If you are requesting a loan with a term greater than 5 years, you will need to provide the vendor(s) with proof of principal residence purchase.

**Section E: Select a 403(b) Vendor(s)**

Indicate the vendor(s) from which you intend to take the loan you are requesting by indicating the Amount of Loan you intend to borrow. The total amount you input cannot exceed the total amount of the loan you requested above.

Vendor Name	Account Number	Total Account Balance	Amount of Loan
		\$	\$
<b>Total</b>			<b>\$</b>

**Please Note:** Your vendors may impose additional restrictions in order to receive a loan from a specific contact or account. Some vendors may not allow participant loans. For those vendors that offer loans, they may require that you provide additional information. Therefore, completion of this request and receipt of a voucher does not ensure you can borrow the amount requested from a specified vendor.

**Participant Certification**

I certify that the information provided in this request is true and correct to the best of my knowledge. I understand that the voucher will expire in 30 days from the date it is issued. If the voucher is not used within the 30 days, it will become invalid and it will be necessary to request a new voucher.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please send this request to the provided information:

The OMNI Group <u>serviceprovider@omni403b.com</u> OR Fax: 1-585-756-5557
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