



# The Standard<sup>®</sup>

Standard Retirement Services, Inc.  
1100 SW Sixth Avenue P9A Portland OR 97204-1020  
Phone: 800.858.5420 Fax: 888.418.6806  
Email form to: benefitrequests@standard.com

## Retirement Plan Loan Request (NL)

### EMPLOYEE INSTRUCTIONS

If your plan allows, you may request your loan **online for faster processing**. To submit an online request, please visit our website at **www.standard.com/retirement** and log in to your Personal Savings Center account. To submit a paper request:

- (1) Complete Sections A, B (if applicable), C and D. Before you submit this form, be sure to find out whether your plan requires Plan Administrator/Employer approval in Section B. Incomplete forms will not be processed. If we need to contact you, we will use your email address in Personal Savings Center if you provided one.
- (2) You may email pages 1 – 2 to benefitrequests@standard.com or mail/fax this request to the address or fax number on the top of the form.

### (A) EMPLOYEE / PARTICIPANT

PLAN NAME:*	CONTRACT NUMBER:*
EMPLOYEE/PARTICIPANT	SOCIAL SECURITY NUMBER:*

**For plan name or contract number, please reference your account statement or contact your plan administrator.**

MAILING ADDRESS:*	EMAIL ADDRESS (See instructions above):	<b>* REQUIRED TO PROCESS REQUEST</b>
CITY:*	STATE:*      ZIP:*	

ALTERNATE MAILING ADDRESS: (If your plan allows, complete if check should be mailed to an address other than your address of record. For loans over \$10,000, you must provide a **photocopy of your government-issued identification** (front and back) such as a driver's license or state identification card unless Section B is completed.)

Use **next business day delivery** to send my loan check (an additional fee will be deducted from your account). **Next business day delivery is not available for PO boxes. A street address must be supplied or the check will be sent via regular mail.**

**\*\*Delivery method does not affect processing time – incomplete requests will delay processing\*\***

### (B) PLAN ADMINISTRATOR/EMPLOYER SIGNATURE ONLY (if applicable)

**I certify that this request is in compliance with plan provisions.** If this is a hardship loan, I have determined that the employee qualifies for a financial hardship loan under the terms of the plan.

**The Standard is authorized to make this loan.** I understand that if The Standard is designated as the Manager of the Approval Process (MAP), I DO NOT sign this form. By signing this authorization request, I will be responsible for the oversight and authorization of this transaction.

PLAN ADMINISTRATOR OR DESIGNATED REPRESENTATIVE (PRINT NAME):	PHONE:
PLAN ADMINISTRATOR OR DESIGNATED REPRESENTATIVE SIGNATURE:	DATE:

**(C) LOAN REQUEST** – If you have assets in a Personal Choice Retirement Account (PCRA), or a Self-Directed Brokerage Account (SDBA), this account will be included in consideration for your request and must contain enough liquid assets to cover the request. If you have questions about the loan provisions of your plan, see your plan administrator.

AMOUNT:\*

**I request that a loan be issued from my retirement plan account (choose one):**

Amount \$ \_\_\_\_\_, \_\_\_\_\_ OR  Maximum Available

REPAYMENT PERIOD:\*

**I wish to repay this loan in \_\_\_\_\_ months (not more than 60 months, unless plan allows)**

IF EXACT TERMS ARE NOT AVAILABLE:

**In the event the requested amount and/or repayment period are not available, I request the maximum cash available even if a shorter repayment period is required, unless I check the box below (optional):**

Do not issue the loan if the exact requested amount and repayment period are not available.

**\*REQUIRED TO PROCESS REQUEST**

CONTRACT NUMBER:	PARTICIPANT NAME:
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**Payroll frequency for employee. Please note this information is used to create loan documents. Requests for corrections may be subject to an hourly charge.**

- Weekly** – Regular pay days for this employee are on: \_\_\_\_\_ (day of the week)
- Every two weeks** – Next regular pay date for this employee is \_\_\_\_\_ (month/day/year)
- Twice a month** – Regular pay dates for this participant are on the \_\_\_\_\_ (days of the month)
- Monthly** – Regular pay dates for this employee are on the \_\_\_\_\_ (day of the month)

If the request is due to a hardship, please check applicable boxes below. If this is not a hardship, skip to next section. Refer to **Guidelines for Required Documentation for Hardship Loan** on page 4.

I have the following immediate and heavy financial need:

- Payment of medical expenses not covered by insurance for myself, spouse or dependents
- Purchase or construction of principal residence
- Payment of tuition and related educational fees for the next 12 months of post-secondary education for self, spouse or dependents
- Prevention of eviction from or foreclosure on mortgage of principal residence
- Funeral expenses for members of immediate family
- Repair to damage of principal residence due to catastrophic events
- Other: (specify) \_\_\_\_\_

**(D) EMPLOYEE/PARTICIPANT SIGNATURE** – If electing to mail your check to an alternate address in Section A and your loan is over \$10,000, then **you must provide us with a photocopy of your government-issued identification** (both front and back sides) such as driver’s license, state identification card, military identification or passport unless Section B is completed.

**If this is a Hardship Loan, I have provided the Plan Administrator or Manager of the Approval Process (MAP) with an itemized statement showing the costs incurred.** I certify the financial need cannot be relieved through insurance payments, by reasonable liquidation of my assets, by stopping my elective contributions or voluntary contributions (if any) to the plan, or by borrowing from commercial sources on reasonable commercial terms. *If required by plan (non-safe harbor)*, I further certify that the financial need cannot be relieved through distributions or nontaxable loans from this or any other plan maintained by my employer or former employers. If this request relates to the hardship of a beneficiary other than a spouse or dependent, I certify that the beneficiary is my named beneficiary under the plan.

**By signing below, I am confirming that I have read, understand and certify that all the conditions on the back are met (see certifications on page 3 under EMPLOYEE/PARTICIPANT CERTIFICATIONS AND INFORMATION).**

EMPLOYEE/PARTICIPANT SIGNATURE:*	DATE SIGNED:*	PHONE NUMBER:*
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**\*REQUIRED TO PROCESS REQUEST**

## EMPLOYEE/PARTICIPANT CERTIFICATIONS AND INFORMATION

<b>For questions</b>	If you have questions about the loan provisions for your plan, contact your plan administrator.
<b>PCRA/SDBA accounts</b>	<b>If you have assets in a Personal Choice Retirement Account (PCRA) or a Self Directed Brokerage Account (SDBA), this account will be included in consideration for your request. It must contain enough liquid assets to cover the request.</b>
<b>Plan provisions</b>	The issuance of this loan is subject to the conditions of the current loan policy for the plan. <ul style="list-style-type: none"> <li>Depending on those conditions, if you have an existing loan, the requested loan may be issued as a "replacement" loan. In this case, the amount requested above will be added to the outstanding balance of your existing loan.</li> </ul>
<b>Certifications</b>	<ul style="list-style-type: none"> <li>By signing this form and endorsing the check representing this loan, you certify that you agree to all terms of the Promissory Note and Loan Agreement.</li> <li>By signing this form, you are certifying that you have not received a plan loan from another vendor within the past 12 months that would cause a violation of the legally established loan limits.</li> <li>If the payment period exceeds five years, by signing this form you certify that the loan will be used exclusively to acquire a dwelling unit that, within a reasonable time, is to be used as your principal residence.</li> </ul>
<b>Loan documentation</b>	Standard Retirement Services, Inc., will determine the required payments (amortization schedule) to repay loan principal and interest within the repayment period indicated above.
<b>Fees</b>	This loan will be subject to fees in accordance with the fee schedule in effect for the plan. Any loan fee charged at the time the loan is processed is non-refundable. Additional fees may be charged if changes are requested to the final loan documents or to the loan amount.
<b>For Florida state residents</b>	You are responsible for remitting any taxes due to the proper tax authority, including the Florida Documentary Stamp Tax, if applicable.
<b>Hardship loan</b>	If required by the loan policy, you will provide the plan administrator with a statement explaining your financial need and itemized costs.
<b>Principal Residence Affidavit</b>	<p>As a participant in the above-named plan, I hereby acknowledge that I have applied for a Participant Loan under the guidelines established by the Loan Program Administrator. Further, I certify that the loan will be used exclusively to acquire a dwelling unit that, within a reasonable time, is to be used as my principal residence.</p> <p>I understand that if the proceeds of this loan are not used exclusively for the purchase of such a dwelling unit, then the maximum period over which the loan can be repaid is five years. I agree to notify the Loan Program Administrator immediately if, for any reason, these loan proceeds are not used to acquire the dwelling unit that will be my principal residence.</p> <p>Finally, I understand that the interest on this loan may not be a deductible expense for federal income tax purposes and that I may wish to consult an attorney or tax advisor to determine the rules applicable to this loan.</p>

## Guidelines to Required Documentation for Hardship Loans

**NOTE: These guidelines apply if The Standard is Manager of the Approval Process. If your employer approves loans for your plan, contact them regarding what documentation they require.**

The following are guidelines to the documentation required for various types of hardship loans. Please review the provisions of your plan's Summary Plan Description carefully for the conditions under which you may take a hardship loan.

Hardship Reason	Document Submittal Guidelines	Guideline Additional Information
Medical Expenses	<p>Medical expenses that are not eligible for reimbursement by your insurance should be documented by providing to The Standard copies of medical bills or explanation of benefits (EOB) statements from your insurance carrier. These must be current (dated within the 30 days prior to the date you submit your request). The document(s) should provide a breakdown of the amount paid by your insurance and the amount for which you are responsible.</p> <p>For cases of ongoing medical treatment, a statement by a licensed physician providing an explanation of planned treatment and the estimated associated fees is also required.</p>	<p>Expenses eligible for insurance reimbursement that have been previously reimbursed do not qualify.</p> <p>Expenses for cosmetic surgery are <b>not</b> eligible unless the surgery is necessary to correct an abnormality, personal injury from an accident or a disfiguring disease.</p>
Purchase of Primary Residence	<p>Past or future costs directly related to the purchase of a primary residence, excluding mortgage payments, should be documented by providing The Standard with a copy of the purchase and sales agreement, including the amount due and the buyer and seller signatures.</p> <p>If the residence will be new construction, submit a building contract with an estimate of the building costs. The contract should include signatures of the builder/seller and the buyer.</p>	<p>Costs related to the purchase of a secondary residence, such as a vacation home, are <b>not</b> eligible.</p>
Prevention of Eviction or Foreclosure	<p>Documentation to prevent <b>eviction</b> from a primary residence should be submitted to The Standard and include a letter from the landlord indicating that eviction will occur if payment is not made. The document must be current (dated within the last 30 days of your submitted request), clearly indicate your name and address, the amount of the monthly payment, date payment must be made and the number of months past due.</p> <p>Documentation to prevent <b>foreclosure</b> on the mortgage of a primary residence should be submitted to The Standard and must include a letter from the financial institution indicating that foreclosure will occur if payment is not made. The document must be dated within the last 30 days and clearly indicate your name and address, the amount of the monthly payment that is due and the number of months past due.</p>	<p>Costs related to prevent eviction or foreclosure of a secondary residence, future mortgage, or rent payments, on primary or secondary residences are <b>not</b> eligible.</p>
Post Secondary Education Expense	<p>Documentation for tuition and/or related education fees should be submitted to The Standard and can include room, board and books related to post-secondary education for you, your spouse, children or dependents.</p> <p>Submit a copy of acceptance or enrollment verification from a college or university and a copy of the tuition statement and related covered expenses. The document should be on school letterhead or from the school's online enrollment system. Please make sure that the names of the institution and student are clearly evident.</p>	<p>Expenses for non-post-secondary education such as elementary or high school are <b>not</b> eligible.</p> <p>Note: Post-secondary education includes attendance at a qualified school that offers specialized programs required for your employment.</p>
Burial / Funeral Expenses	<p>Submit documentation to The Standard for burial or funeral expenses of deceased parents, spouse, children or dependent. Also include a copy of the bill, invoice or fee estimate from the cemetery or funeral home.</p>	
Casualty Loss	<p>Submit documentation to The Standard for the repair of damage to your primary residence as a result of a casualty loss including a copy of a bill, invoice or estimate for repairs from a contractor, and statement from insurer indicating that loss is not covered under homeowner policy.</p> <p>Also include a written description of the casualty event and related damage, including your name and the address of the property affected by the event.</p>	<p>Damages or loss caused by the homeowners is not covered.</p>