

LOAN REPAYMENT SALARY DEDUCTION AUTHORIZATION FORM

I hereby request and authorize _____ to deduct from my salary the amount indicated below and to direct said amount to the Investment Provider specified below for the repayment of my 403(b)/457(b) Plan loan until the Employer has been notified the loan has been repaid in full.

****No payroll deductions for repayment of your loan will be initiated or stopped without returning this form to your payroll department****

EMPLOYEE INFORMATION

Employee Full Name: _____

Date of Birth: _____ Date of Hire: _____ Social Security Number: _____

Contact Phone: _____ Email: _____

Loan Repayment Amount per Pay Period: \$ _____ Effective Date of Change: _____

INVESTMENT PROVIDER TO RECEIVE 403(b)/457(b) LOAN REPAYMENTS:

Plan Type: ___ 403(b) OR ___ 457(b)

Name of Company: _____ Amount: \$ _____

Company Address: _____

CANCELLATION REQUEST – Cancel deductions to the following company. Notification must be attached showing the loan has been repaid in full:

Plan Type: ___ 403(b) OR ___ 457(b)

Company Name

Company Address

SALARY DEDUCTION AUTHORIZATION FORM TERMS AND CONDITIONS

The undersigned employee hereby agrees that the above amount will be deducted on an after-tax basis from the employee's wages earned for the repayment of a loan taken from a 403(b)/457(b) account held by the above-named Investment Provider. It is understood that the designated amount will continue to be deducted and forwarded by the Employer to the designated Investment Provider until the employee provides the Employer with verifiable notification that the loan has been repaid in full.

The employee understands that participation in a 403(b)/457(b) plan is voluntary and agrees to hold harmless and indemnify the Employer from any and all damages that may result from the Employee's participation in the plan. As a participant of a voluntary 403(b)/457(b) plan, the Employee will be held solely responsible for investment selection and control of assets in the Employee's account. No person who is otherwise a fiduciary shall be held liable for any loss which results from participation in the plan.

The terms and conditions of this Loan Repayment Salary Deduction Authorization Form are agreed upon by all below signed parties:

Employee Signature

Date

Employer Signature

Date

****No payroll deductions for repayment of your loan will be initiated or stopped without returning this form to your payroll department****