

Standard Insurance Company

Retirement Plans, P9A  
 1100 SW Sixth Avenue Portland OR 97204-1020 503.321.7998 Fax

**Retirement Plan Loan Request (NL)**

*Please print clearly in black ink*

**Plan Administrator:** Complete top section and give form to Participant. After Participant returns form, complete Section B and mail or fax to address above.

**Participant:** Complete Section A. For loan payment modeling, access the Personal Savings Center at <http://retirement.standard.com>. Select **Account**, then **Loan Modeling**.

PLAN NAME:	CONTRACT NO.:
PARTICIPANT NAME:	SOCIAL SECURITY NO.:

**(A) LOAN REQUEST** - If you have questions about the loan provisions for your Plan, contact your Plan Administrator.

**I request that a loan be issued from my Retirement Plan Account in the following amount (select one):**

\$ \_\_\_\_\_ **or Maximum.** If this dollar amount is not available, do  **NOT** issue maximum allowed.

I wish to repay this loan in \_\_\_\_\_ years (not more than 5 years, unless Plan allows).

The issuance of this loan is subject to the conditions of the current loan policy for the Plan. Depending on those conditions, if I 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 my existing loan. If I have a Roth account, the Roth account balance will be used to calculate the loan amount but will not be used to fund the loan.

Standard Insurance Company will determine the required payments (amortization schedule) to repay loan principal and interest according to the repayment period indicated above. 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.**

If required by the loan policy, I will provide the Plan Administrator with a statement explaining my financial need and itemize the costs.

PARTICIPANT SIGNATURE:  X	DATE SIGNED:	DAYTIME PHONE:
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**(B) PLAN ADMINISTRATOR AUTHORIZATION**

**Payroll frequency for this participant:**

**Weekly** - Regular pay days for this participant are on: \_\_\_\_\_ (day of the week)

**Every 2 weeks** - Next regular pay date for this participant is: \_\_\_\_\_ (month/day/year)

**Twice a month** - Regular pay dates for this participant are on the: \_\_\_\_\_ and \_\_\_\_\_ days of the month

**Monthly** - Regular pay dates for this participant are on the: \_\_\_\_\_ day of the month

**I certify that this request is in compliance with Plan provisions.** If required by the Plan, I have determined that the request meets the immediate and heavy financial need definition. If the payment period exceeds 5 years, I have determined that the loan meets Plan requirements for the purchase of a principal residence. **Standard Insurance Company is authorized to issue this loan.**

PLAN REPRESENTATIVE NAME: <i>(printed)</i>	PHONE NO.:
PLAN REPRESENTATIVE SIGNATURE:  X	DATE SIGNED: