



12345 El Monte Road
Los Altos Hills, CA 94022

Vendor Loan Supplement

This form is designed to obtain information necessary to determine your eligibility for a loan under your employer's 403(b) plan, taking into account any existing loans you already have under the plan. You should provide the completed form to the investment provider from which you are requesting a loan.

While the form asks you to provide certain information regarding those loans, you should expect that your investment provider will seek to confirm some or all of the information with the identified providers, to ensure compliance with the federal tax rules governing these loans. You should also be aware that loans are subject to any additional restrictions or requirements imposed under the contract and account from which you are requesting the loan, and thus completion of the form does not ensure loan approval.

1. Investment Provider: _____
2. Employer: _____
Plan Name: _____
3. Participant Name: _____
4. Amount of loan you are requesting: \$_____ (Generally limited to \$50,000 or 50% of your account balance, whichever is less. Some plans use a different limit, please check with the investment provider.)
5. Requested Term of Loan: _____
6. List all accounts under this employer's 403(b) plan, including contact information for the respective investment providers, and identify outstanding loan information for each account (enter zero if none). This list should include all accounts to which contributions have been made at any time under the 403(b) plan. It should not include accounts which are grandfathered or under other plans (see #7 to provide data regarding these).

Investment Provider (include customer service number)	Account Number	Account Balance	Largest outstanding loan balance in the past 365 days	Loan number, if applicable	Status: active (in repayment) or defaulted

Use a separate sheet for additional accounts and/or loans.

7. List any loans in (a) any other 403(b) contracts or accounts, such as those grandfathered contracts or accounts established with transfers of amounts previously contributed under this employer's 403(b) plan; and (b) in any other plan of this employer. Do not include any amount listed in #6, or any amount in another employer's plan.

Plan Name or Investment Provider	Largest outstanding loan balance in the past 365 days	Status: active (in repayment) or defaulted

8. Participant signature.

I certify that the information I have provided above is true and correct to the best of my knowledge.

I hereby authorize the investment provider from which I am requesting a loan to confirm the accuracy of all information provided in the chart in section 6. I also authorize the investment provider identified in section 1 to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in the chart in section 6 regarding my account balance or loans, subject to the requirement that the information provided herein is authorized for use by the investment provider identified in section 1 solely for the purposes of satisfying the restrictions under the plan.

Signature _____ Date _____
(Employee)

Signature _____ Date _____
(Employer)