

FBC 403(b) Loan Authorization Form



Fringe Benefits Consortium

Participant Instructions	<p>The FBC 403(b) Loan Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator for the FBC Program, to authorize any loan of 403(b) amounts from investment providers of your employer or former employer's 403(b) plan. The investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. You must attach account statements from your investment provider documenting the account and loan balances you indicate in step 4. All attached forms or paperwork will be forwarded to the investment provider indicated below. Complete steps 1-5 and mail or fax this form to NBS. Inquiries regarding the status of your loan may be directed to NBS at (800) 274-0503 ext 5. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by the NBS in good order, it will be forwarded to your provider within 5 business days.</p> <p> NBS Mailing Address: National Benefit Services, LLC 8523 South Redwood Road West Jordan, UT 84088 </p> <p> NBS Fax Number: (800) 597-8206 NBS Email: 403bService@nbsbenefits.com NBS Phone Number: (800) 274-0503 ext. 5 </p>				
Investment Provider Instructions	<p>NBS and FBC represent this loan of 403(b) amounts is permitted by the employer's plan and is in accordance with the 403(b) Provider/Information Sharing Agreement entered into by your company and NBS provided that NBS has signed below. The loan issue amount may not exceed the dollar amount indicated in Maximum Eligible Loan Amount box. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).</p>				
Step 1	Participant Name	Social Security Number	Date of Birth		
Participant Information	Participant Mailing Address	Home Phone Number	Work Phone Number		
	(Street)	Sponsoring Employer of Plan (District Name)			
	(City, ST ZIP)				
Step 2	Investment provider from which 403(b) amounts will be loaned to you. This form will be sent to the investment provider below unless instructed otherwise.				
Investment Provider Information	Investment Provider:	_____			
	Account Number	_____			
	Street or P.O. Box	_____			
	City, State, Zip	_____			
	Phone Number	_____			
	Fax Number	_____			
Step 3	Answer the following questions concerning current and previous loans				
Current and Previous Loans	1 Have you ever defaulted on a previous 403(b), 401(k), or 457(b) plan loan? If YES, then you <u>must</u> provide documentation that the previously defaulted loan has been repaid, offset, or otherwise returned to good standing.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
	2 Do you currently have or have you had in the past 12 months a 403(b), 401(a), or 457(b) loan(s)?	<input type="checkbox"/> Y	<input type="checkbox"/> N		
	3 If you have or have had an outstanding loan(s) in the past 12 months, what is your highest outstanding loan balance(s) in the last 12 months? You <u>must</u> attach an account statement reflecting your highest loan balance(s) in the past 12 months.	\$ _____			
Step 4	Identify all your current 403(b), 401(a), or 457(b) accounts, account balances, and loan balance and attach a copy of your most recent account statement(s). Attach an account statement for each account. If you have more than three accounts, please attach a separate page with that account information.				
Current Loan and Account Balance(s)		Investment Provider Name	Current account value (excluding outstanding loans)	Current outstanding loan amount (if any)	Total account value
	Account 1			+	=
	Account 2			+	=
	Account 3			+	=
	Example	XYZ Annuity Company	30,000.00	+	6,000.00
Step 5	I recognize that the information contained on and attached to this form may be shared with a third party (including National Benefit Services, LLC (NBS)) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the investment providers indicated on this form to release non-public information pertaining to my accounts as necessary to administer the plan including account balance, loan balance, loan status, and loan history. I certify that the information I have provided is accurate. I understand that IRS taxes and penalties may apply if I default on a plan loan. Consult with a tax advisor for tax-related questions.				
Participant Approval	_____	_____	\$ _____		
	Participant Signature (Required)	Date	Requested Loan Amount		
For NBS Use Only	_____	_____	\$ _____		
	NBS Signature (Required)	Date	Maximum Eligible Loan Amount		