

## Retirement Gateway® Loan Request Bundled Service

Return via Mail or Fax:
Equitable-Retirement
PO Box 219489
Kansas City, MO 64121-9489
Street and Overnight Address:
Equitable-Retirement

430 W. 7th Street STE 219489 Kansas City, MO 64105-1407 **Fax Number:** (816) 218-0412

For Assistance Call: (800) 528-0204

www.equitable.com

## **PLEASE PRINT**

Please note if your Plan does not permit loans, we will not process the request until we receive an Amended Adoption Agreement. If your Plan permits loans, there will be a \$150.00 loan set up fee.				
1. Participant Information				
First Name, Middle Initial	Last Name	Social Security Number		
Address				
Telephone	Mobile Phone Number	Email Address		
Is the participant married?    Yes	☐ No (If yes, Spousal Co	onsent Notice must be completed)		
Employer's Name		Contract ID Number		
☐ Address Change				
2. Amount of the Loan (che	eck only one)			
The maximum loan amount is 50% of yo is \$1,000. If a participant has assets in the calculation, but the assets in the PIB invested in the amounts invested in the non-PIB V requested, the Participant must transfer Options to make the requested loan. The transfer of monies between the PIB from the PIB Variable Investment Option basis. For further details, please contact Please choose only one (1) option below.  (A.)   Maximum Loan  (B.)   The following loan amount is religible to the properties of the properties	our vested Retirement Account he PIB investment option and/estment option and/or the IDA/ariable Investment Options ar monies from the PIB Variable and non-PIB Variable Investmens. This Early Withdrawal reduct your Plan Administrator or a Science (If both options are completed, equested from the Retirement what is available, we will process	Value up to \$50,000. The minimum loan amount or the IDA, these assets will be included in the loan cannot be withdrawn to satisfy the loan amount. e insufficient to satisfy the loan amount being Investment Options/IDA to the non-PIB Investment nent Options will be treated as an Early Withdrawal ces your Ratchet Base and GAWA on a prorata Service Representative at (800) 528-0204.  We will process for the amount requested in Option B.)  Account Value of the Participant  as your request for the maximum available amount.		
3. Withdrawal Instructions	,	in from the following law actuality (outline). If mathing		
is specified, box (a) will apply. All loans w		In from the following Investment Option(s). If nothing vested sources.		
<ul> <li>□ (a) Pro rata from all Investment Opti</li> <li>□ (b) From the Investment Option(s) dextent available.)</li> </ul>		within the Investment Options will be used to the		
4 Downsont Dowied/Downson	+ F********			
4. Payment Period/Paymen	. ,	maximum pariod over which a loop may be repaid in		
5 years unless you indicate below that it	is used to acquire the Particip			
Is the purpose of the loan to acquire your prin		No		
maximum repayment period allowed		s (please see your plan administrator for the		
If no, the desired loan payment period	od is years	· ·		
The loan payment frequency will default please indicate the payment frequency to	to the plan's payroll frequency o be used for this partcipant	y. If your plan has multiple payroll frequencies set up,		
		r investment allocations currently on file when we		

5. Delivery Options				
In addition to the fees listed below, there is a \$50.00 fee per check issued.  ☐ First Class Mail (no additional fee) – Please allow 5-10 business days for delivery of your check.  If you are taking a One-Time Withdrawal or Full Surrender, the option below is also available.  ☐ Express Delivery (\$35 fee) – Allow 5-7 business days for delivery of your check.  The applicable Express Delivery fee will be deducted from the net proceeds of the withdrawal.				
6. Signatures/Authorization				
Important: All Loan Requests MUST be signed by the Plan Administrator or Plan Trustee.  I hereby authorize the loan withdrawal as requested above.  For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the property of a loss is quilty of a crime and may be subject to finese and confinement in state prices.				
payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.				
X Signature of Participant	Date (mm/dd/yyyy)			
X Signature of Trustee/Authorized Individual for the Plan	Print Name	Date (mm/dd/yyyy)		
7. Spousal Consent				
For Bundled Service Clients: If this is a Money Purchase Plan or money has been rolled over from a Money Purchase Plan and the Participant is married, spousal consent witnessed by a Notary or Plan Representative is required before a loan may occur.  I, as spouse indicated below, understand that no loan will be granted without my consent and that if I do consent and the loan is not paid back, part of the benefit to secure the loan may not be available to provide me with benefits in the future.				
X Signature of Spouse	Print Name	Date (mm/dd/yyyy)		
Signature of Spouse	i ilit ivanie	Date (IIIII/dd/yyyy)		
X Signature of Plan Representative or Notary Public as Witness	Print Name	Date (mm/dd/yyyy)		
NOTE: The date of the witness' signature <i>must</i> be the same date as the spouse's signature.				
FAILURE TO PROPERLY COMPLETE THIS FORM MAY RESULT IN A DELAY OF YOUR LOAN				
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(03/2023)