



Use this form if you want to take a loan from your retirement account. Be sure to read all the way through so you don't miss any important sections. Keep in mind that your request can be delayed if the form isn't clear or complete.

Ways You Can Submit Your Form

- **Email:** Email benefitrequests@standard.com. Include this form and any other related documents as a single attachment to your email. This email is for receiving forms and is not monitored for questions.
- **Mail:** Send your form and any other related documents to 1100 SW Sixth Avenue P9A, Portland, OR 97204-1020.
- **Fax:** Send this form and any other related documents as a single fax to 888.418.6806.

If you have questions about your request, call 800.858.5420 or email savings@standard.com.

1. Retirement Plan Information

COMPLETE THE FOLLOWING (REQUIRED)

Plan Name _____

Plan Number: _____

You can find your plan name and number on your quarterly account statement or on Personal Savings Center at standard.com/login. Once you log in, choose My Plan, About Me and My Plan from the menu to see this information. Your plan administrator should also have this information available.

2. Participant Verification

COMPLETE THE FOLLOWING (REQUIRED)

Participant First Name _____ Middle Initial _____ Last Name _____

Address of Record _____

City _____ State _____ ZIP _____

SSN _____ - _____ - _____ **Note:** This is the SSN that is on file with your employer and is used to submit taxes.

Date of Birth _____ / _____ / _____

3. Reason for Loan

PLEASE CHECK:

- General Purpose CARES Act Loan for a payback period shorter than 60 months.

4. Loan Amount

CHECK **ONLY ONE**:

- Maximum amount available (new loan, 100% of account balance up to \$100,000)
- Specific amount (new loan, maximum of \$100,000) \$
- Specific amount to add to existing loan (refinance, maximum combined amount of \$100,000) \$

This table shows you how many loan payments you'll have depending on how often you're paid and how long you'll pay your loan. For example, if you're paid once a month and have a loan over three years, you'll have 36 payments. Check the box next to your choice.

How Often You're Paid	1 Year	2 Year	3 Year	4 Year	5 Year	Other (Please Complete)
Quarterly	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> _____
Monthly	<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> _____
Twice a month on the 15 th and 30 th	<input type="checkbox"/> 24	<input type="checkbox"/> 48	<input type="checkbox"/> 72	<input type="checkbox"/> 96	<input type="checkbox"/> 120	<input type="checkbox"/> _____
Every two weeks regardless of date	<input type="checkbox"/> 26	<input type="checkbox"/> 52	<input type="checkbox"/> 78	<input type="checkbox"/> 104	<input type="checkbox"/> 130	<input type="checkbox"/> _____
Weekly	<input type="checkbox"/> 52	<input type="checkbox"/> 104	<input type="checkbox"/> 156	<input type="checkbox"/> 208	<input type="checkbox"/> 260	<input type="checkbox"/> _____

Example: **Weekly**-every Friday; **Bi-weekly**-every other Friday; **Semi-monthly**-the 15th and the 30th; **Monthly**-the 30th

My next three pay dates are:

(month/day)

(month/day)

(month/day)

Loan payments may be deferred. Please work with your plan sponsor to accommodate this.

5. Delivery Instructions

If your name or address has changed within the last 14 days, there will be a delay in processing. Delivery method does not affect processing time. Incomplete requests will delay processing.

A. Regular Mail

- My address is outside the U.S. or its territories. I have included my IRS Form W-9 or W-8 Ben with this request. **Note:** If not attached, this request will be canceled and you will need to resubmit with the correct forms.

B. Overnight

Use next business day delivery to send my loan check. An additional fee will be deducted from my account. Next business day delivery is not available for PO boxes. A street address must be supplied, or the check will be sent via USPS mail.

Please note:

If you need to permanently change your address of record, please do so with your employer.

6. Required Signatures

A. Participant Self-Certification

CHECK ALL THAT APPLY

I certify under penalty of perjury that:

- I have experienced adverse financial consequences as a result of my being quarantined, furloughed, laid off, having reduced work hours or being unable to work due to lack of childcare due to the COVID-19.
- I, my spouse or my dependent was diagnosed with the SARS-CoV-2 or COVID-19 virus by a Centers for Disease Control and Prevention approved test.
- As the business owner, or one of the business owners, of the company sponsoring this retirement plan, that the business hours have been reduced or the business closed due to COVID-19.

X

Participant signature

X

Date

B. Direction and Acknowledgment of Plan Administrator

TO BE COMPLETED BY THE PLAN ADMINISTRATOR ONLY

I, in my capacity as Plan Administrator of the above named retirement plan, direct Standard Retirement Services, Inc. (SRS) to process the loan listed above and acknowledge that SRS is not acting as the Manager of the Approval Process (MAP) or as an Administrative Fiduciary for this loan.

I represent that I am an authorized signer on behalf of the above-named plan and have authority to instruct the service provider to process this form. By signing this authorization request, I will be responsible for the oversight and authorization of this transaction.

Plan administrator's name (printed)

X

Plan administrator signature

X

Date

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