



# The Standard<sup>®</sup>

Standard Retirement Services, Inc.  
1100 SW Sixth Avenue P9A Portland OR 97204-1020  
Phone: 800.858.5420 Fax: 888.418.6806

## Retirement Plan Loan Request (NL)

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

- **Online, for faster processing:** You can request your loan online if your plan allows it. Visit [standard.com/login](http://standard.com/login) to log in to your account on Personal Savings Center to make a request. Once you log in, you'll see the option under My Account, Request a loan from the menu.
- **Email:** Email [benefitrequests@standard.com](mailto: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](mailto: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](http://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 Information

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.

### 3. Reason for Loan

COMPLETE THE FOLLOWING (REQUIRED)

Review your summary plan description to learn which options are available and if your plan requires plan administrator/employer approval of this request. You can access your summary plan description on Personal Savings Center (standard.com/login) by choosing My Plan, About Me and My Plan from the menu once you've logged in.

CHECK ONLY **ONE**:

- General Purpose Loan for a payback period shorter than 60 months
- Primary Residence Loan for a payback period longer than 60 months:  
Provide a Purchase Agreement or Earnest Money Agreement

### 4. Loan Amount

COMPLETE THE FOLLOWING (REQUIRED)

CHECK ONLY **ONE**:

- Maximum amount available (new loan)
- Specific amount (new loan) \$ \_\_\_\_\_
- Specific amount to add to existing loan (refinance) \$ \_\_\_\_\_

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 loan term	2 Year loan term	3 Year loan term	4 Year loan term	5 Year loan term	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 <sup>th</sup> and 30 <sup>th</sup>	<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)

## 5. Delivery Instructions

COMPLETE THE FOLLOWING (REQUIRED)

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.

Loan checks will either be delivered to the employer or the employee, based on plan provisions.

## 6. Required Signatures

COMPLETE THE FOLLOWING (REQUIRED)

### A. Participant Acceptance

I represent that I am the individual specified in the Participant Information section of this form. I understand and accept the terms and conditions of the loan being requested as stated above.

X

\_\_\_\_\_  
Participant signature

X

\_\_\_\_\_  
Date

### B. Authorized Signature

TO BE COMPLETED BY THE **PLAN ADMINISTRATOR OR THIRD PARTY ADMINISTRATOR ONLY**

The Standard is authorized to issue a loan to the Employee or Beneficiary named above. The loan will be paid according to the terms of the plan. If The Standard is designated as the Manager of Approval Process (MAP), **do not** sign this form unless you are taking the responsibility for the oversight and/or authorization of this transaction.

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