

403(b) Loan Withdrawal Request Form

Participant Instructions:

Visit www.ffga.com > Login > Individuals > Retirement Plan Information and enter the name of your employer to verify if loans are allowed. Once you have established that your employer plan allows for loans, you will need to contact your provider directly to verify they allow loans and request the appropriate paperwork.

1. Attach provider loan request paperwork
2. Complete the 403(b) Loan Authorization Form (below)
3. Attach current statement(s) for all supplemental retirement accounts

In order for First Financial Administrators, Inc. (FFA), the third party administrator, to authorize a loan request from any 403(b) account established under your current or former employer's 403(b) plan, the 403(b) Loan Authorization Form must be completed, signed and submitted along with the loan request and supporting documentation.

Upon completion you may fax, email or mail a copy of the paperwork to:

First Financial Administrators, Inc.

Attn: Retirement Services

P.O. Box 1629

Spring, Texas 77383-1629

Fax # 866-265-4594

Email: retirement@ffga.com

Secure File upload: <https://sftp-transfer.ffga.com/>

Username: ffgaretire

Password: [email retirement@ffga.com]

Once the form is received, reviewed and approved it will be forwarded to your provider for processing. Once your paperwork has been approved and forwarded, inquiries should be directed to your provider.

If you have any questions you may call 1-800-523-8422, option 2, send an email to retirement@ffga.com, or complete the on-line contact form: <https://www.ffga.com/contact-retirement2/>

403(b) Loan Authorization Form

Participant Instructions	<p>FFGA Mailing Address: First Financial Administrators, Inc. P.O. BOX 1629 Spring, TX 77383-1629</p> <p style="text-align: right;">FFGA Fax Number: (866) 265-4594 FFGA Phone Number: (800) 523-8422</p> <p>The 403(b) Loan Authorization Form must be submitted to First Financial Group of America (FFGA), the Third Party Administrator, to authorize a loan from any of your 403(b) amounts from investment providers of your employer or former employer's 403(b) plan. You must attach account statements from your investment provider(s) documenting the account and loan balances as indicated in step 2. Complete steps 1-3 and mail or fax this form to FFGA. Inquiries regarding the status of your loan may be directed to FFGA at (800)-523-8422. Once the loan is approved and forwarded to your investment provider, inquiries should be directed to your provider.</p>			
Step 1 Participant Information	Participant Name		Employer Name	
	Participant Mailing Address (Street) (City, ST ZIP)		Social Security Number	
	(street)		Date of Birth	
	(city, state, zip)		Home Phone Number	
		Work Phone Number	Participant Email Address	
Step 2 Current and Previous Loans	Identify all your current 403(b), 401(a), or 457(b) accounts, account balances and loan balances. Attach a copy of your most recent account(s) statement for each account. If you have more accounts, please attach a separate page with account information.			
	Investment Provider Name	Current Account Value	Outstanding Loan Balance	Requested Loan Amount
<p>Answer the following questions concerning current and previous loans:</p> <p>1. Have you ever defaulted on a previous 403(b), 401(k) or 457(b) plan loan? No <input type="checkbox"/> Yes <input type="checkbox"/> (You <u>must</u> provide documentation if your defaulted loan has been repaid and the account is in good standing)</p> <p>2. Do you currently have or have you in the past 12 months a 403(b), 401(k) or 457 loan? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. If yes to #2, provide the highest outstanding loan balance in the last 12 months. \$ _____ (You <u>must</u> attach an account statement reflecting your highest loan balance(s) in the past 12 months.)</p> <p><input type="checkbox"/> I have reviewed the listed vendors and there are no additional vendors that I have contributed to while at this school district.</p>				
Step 3 Participant Approval	<p>I understand that the information contained on and attached to this form may be shared with my employer TPA. First Financial Group of America (FFGA) 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.)</p>			
	Participant Signature (Required) _____		Date _____	
	Participant Name (Printed) _____			