

**Loan Payment Change Request
401(k) Plan**

Cornell-Hart Pension Plan

337773-01

Participant Information

Last Name	First Name	MI	Social Security Number
<i>(The name provided MUST match the name on file with Service Provider.)</i>			
Address - Number & Street			E-Mail Address
City	State	Zip Code	Mo Day Year Date of Birth
() Home Phone	() Work Phone	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	

Change of Payroll Frequency

When choosing this option, the interest rate and maturity date will remain the same. However, the Payment Frequency and Payment Amount will change. A new amortization schedule will be sent to the participant and to the Payroll Department with the new payment amount. Please submit after all deductions under the prior payroll frequency have been transmitted. The new deduction start date cannot be more than 30 days after date received by Service Provider.

New Deduction Start Date _____ **New Payroll Frequency** _____
(weekly, bi-weekly, semi-monthly, monthly)

Leave of Absence

To avoid default due to a leave of absence other than for military leave, the leave of absence cannot be longer than one year, and cannot extend beyond the maximum loan term, and the participant cannot receive a rate of pay (after income and employment tax withholding) that is more than the amount of the installment payments required under the terms of the loan. Any unpaid loan assessments with a due date prior to the Leave of Absence Start Date may cause the loan to default if not paid timely. Interest continues to accrue during your leave of absence. Your Plan may impose more stringent provisions regarding Plan loans due to a leave of absence.

Complete this portion when the participant begins a leave of absence:

Leave of Absence Start Date _____ Last Loan Payment Date _____

Important: This form must also be completed and submitted upon your return.

Complete this portion when the participant returns from a leave of absence:

Leave of Absence Stop Date _____

Choose one option:

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.

Note: If applicable, a new amortization schedule will be sent to the participant and payroll department with new payment amount.

Last Name

First Name

M.I.

Social Security Number

337773-01

Number

Military Leave of Absence

To avoid default due to a military leave of absence, loan repayments must resume upon completion of military service. The frequency and amount of each payment cannot be less than the amounts under the terms of the original loan, and the loan must be repaid in full by the end of the period which equals the original loan term plus the period of military service. Interest continues to accrue during your leave of absence. If the interest rate on your loan is greater than 6%, it will be reduced to 6% during your military leave of absence.

Complete this portion when the participant begins a military leave of absence:

Military Leave of Absence Start Date _____ Deduction Stop Date _____

Complete this portion when the participant returns from a military leave of absence:

Military Leave of Absence Stop Date _____

Choose one option:

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.
- Reamortize the missed loan payments by extending the maturity date by the length of the military leave of absence.

Note: If applicable, a new amortization schedule will be sent to the participant and payroll department with new payment amount.

Required Signatures

My signature acknowledges that I have read, understand and agree to the option I elected above.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

This request is in compliance with Plan provisions.

Authorized Plan Administrator Signature

Date (Required)

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name**Participant, once completed:**

Upload Electronically: Login to account at empowermyretirement.com	OR	Send Regular Mail: Empower PO Box 173764 Denver, CO 80217-3764	OR	Send Express Mail: Empower 8515 E. Orchard Road Greenwood Village, CO 80111	OR	Contact Information: Phone #: 1-800-338-4015
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