

Notice of Employee Leave Of Absence Form

PDC Daily - Rev. July - 11

INSTRUCTIONS: Only complete this form if you have an outstanding loan in the plan.

SECTION A – TO BE COMPLETED BY EMPLOYER BEFORE AN EMPLOYEE'S LEAVE OF ABSENCE BEGINS

Name of Company / Plan (must complete)

Name	SSN	Date Leave of Absence Will Begin
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Reason for Leave	<input type="checkbox"/> Medical <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Other
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Expected Date of Return From Leave

PLAN TRUSTEE / PLAN REPRESENTATIVE AUTHORIZATION

Signature

X

Date

SECTION B – TO BE COMPLETED BY EMPLOYEE UPON RETURN FROM LEAVE OF ABSENCE (PLEASE TYPE OR PRINT)

Name	SSN	Date Leave of Absence Began
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Date of Return	Any outstanding loans?
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☐ No

☐ Yes (if yes, please see below)

I have an outstanding loan and I choose the following option:

- ☐ **Reamortize loan for missed payments:** I understand that this results in higher payments being deducted from my paycheck. There is a processing fee for this service. Please refer to your plan's Administrative Policy Regarding Participant Loans or contact your in-house Benefits Manager for information regarding these fees. Please include a check payable to Pension Dynamics Company LLC with this form and mail to:

Loan Department
PENSION DYNAMICS COMPANY LLC
2300 Contra Costa Blvd., Suite 400
Pleasant Hill, CA 94523

- ☐ **Make one-time payment to bring loan current –** I understand that this allows me to have the same payroll deduction as prior to my leave of absence. There is no processing fee for this option. Please contact Pension Dynamics Company LLC to determine the amount needed to bring your loan current.

Participant Signature

X

Date

SECTION C - PLAN TRUSTEE / PLAN REPRESENTATIVE AUTHORIZATION

Signature

X

Date