

457(b) Loan Authorization Form

Participant Instructions	The 457(b) Loan Authorization Form must be submitted to Employee Benefits Services & Advisors, Inc. (EBS), the third party administrator, to authorize an loan of 457(b) amounts from your employer's or former employer's plan. Your investment provider may require its own paperwork in addition to this form. Please attach your investment provider's paperwork to this form. Please be sure to complete the request in its entirety prior to submitting to the our office, all attached forms or paperwork will be forwarded directly to the investment provider indicated below, they will not be returned to the employee or their representative. Complete steps 1-4 and mail this form to EBS, an original signature is required for processing. Inquiries regarding the status of your loan may be directed to EBS at (408) 371-7661. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by EBS in good order, it will be forwarded to your provider within 5 business days. Employee Benefits Services & Advisors, Inc. 2542 S. Bascom Avenue, Suite 100 Campbell, CA 95008 PH: (408) 371-7661							
Investment Provider Instructions	EBS represent this loan of 457(b) amounts is permitted by the employer's plan and is in accordance with the 457(b) Provider Agreement (Agreement) entered into by your company and EBS, and provided that EBS has signed below. The loan issue amount may not exceed the dollar amount indicated in Maximum Eligible Loan Amount box.							
Step 1	School District/Organization Name Employer State							
Participant Information	Participant Name Social Security Number Date of Birth						irth	
	Participant Ma	ailing Address		Home P	none Number	Work Pho	one Number	
	(Street)				Accession		A IBI N	
	(City, ST Zip)			Agent N	Agent Name Agent Phone Numb		one Number	
Step 2	Investment provider from which 457(b) amounts will be borrowed (source of assets)							
Investment Provider Information	Investment Provider							
	Account Number							
	Street or P.O. Box							
	City, State, Zip							
	Phone Number							
	Fax Number							
Step 3	Answer the following questions concerning current and previous loans							
Current and Previous Loans	1 Have you ever defaulted on a previous 403(b), 401(k), or 457(b) plan loan? If YES, then you must provide Y N documentation that the previously defaulted loan has been repaid, offset, or otherwise returned to good standing. 2 Do you currently have or have you had in the past 12 months a 403(b), 401(a), or 457(b) loan(s)? Y N 3 If you have or have had an outstanding loan(s) in the past 12 months, what is your highest outstanding loan \$ balance(s) in the last 12 months? You must attach an account statement reflecting your highest loan balance(s) in							
Step 4	the past 12 months.							
Current Loan	statement(s). Attach an account statement for each account. If you have more than three accounts, please attach a separate page with that account information.							
and Account Balances	Account 1	Investment Provider Name	Current account value (exclude outstanding loans)	ing Ci	amount (if any)	oan =	Total account value	
	Account 2			+		=		
	Account 3 Example	XYZ Annuity Company	30,000	+ +	6,000	= =	36,000	
Step 5 Participant	I recognize that the information contained on and attached to this form may be shared with a third party (including Employee Benefits Services & Advisors, Inc. (EBS)) 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 status, and loan history.							
Approval	\$							
	Participant Signature (Required)			Dat	Date Requested Loan Amount			
For EBS Use Only						\$		
457bLnAuthForm 2.12.2010 SJR	EBS Signati	ure (Required)		Date			laximum Eligible Loan Amount	