

## Loan Payment Change Request

**CRA 401(A) Plan**
**98721-01**
**Participant Information**

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

**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)

Division Name	To be completed by Representative: _____
	Division Number

**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. 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 the new payment amount.

\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
M.I.\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
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 the new payment amount.

**Required Signature(s)**

My signature acknowledges that I have read, understand and agree to the option(s) 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/Trustee 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** forward to Plan Administrator/Trustee  
**Plan Administrator** forward to Service Provider at:  
 Empower Retirement  
 PO Box 173764  
 Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-800-352-0313

**Fax #:** 1-866-745-5766

We will not accept hand delivered forms at Express Mail addresses.

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