



Account Reduction Loan Application
401(a) Plan

CCOERA 401(A) Plan

98721-01

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-352-0313.

A Participant Information

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

Mailing Address*

Personal Phone Number

City

State

Zip Code

Work Phone Number

Email Address

Platte Canyon W&S District A2080

Agency

- Married, Unmarried, New Permanent Address, Alternate Address

If the address I have provided here differs from my address on file in the recordkeeping system, I must indicate in this section whether this is a New Permanent Address or an Alternate Address and sign this form in the presence of a Notary. See Section D.

B Loan Options (Please read Loan Provisions before completing)

Loan Refinance (Complete this section only if refinancing existing loan(s))

- Refinance all outstanding loan(s), Refinance outstanding loan number(s)

Type of Loan (Select ONE type) (Do not complete for refinance)

- General Purpose Loan, Principal Residence Loan

C Amount of Loan

Amount of Loan: \$

Loan Origination Fee: \$ -50.00

Express Delivery (Optional) \$ -25.00

Check Amount: \$

- Refinancing Existing Loan(s), Minimum Loan, Maximum Loan, Amount Requested, Fee Information, Documentary Tax

Method of Payment (To be verified by my Employer)

Payroll Deduction

Payroll Contact Name: Vanessa Shipley

Payroll Frequency: Semi-Monthly

Last Name

First Name

M.I.

Social Security Number

Number

D	<p>Signatures and Consent</p> <hr/> <p>Participant Consent</p> <p>My signature acknowledges that I have read, understand and agree to all pages of this Loan Application and Loan Provisions and affirms that all information that I have provided is true and correct. I also understand that:</p> <ul style="list-style-type: none"> • Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. • Service Provider accepts no responsibility for any tax consequences to me resulting from my failure to adhere to the terms of this agreement and all applicable federal and state loan laws, and I hereby hold Service Provider harmless from any claim, of whatever nature, from myself, my creditors, my family, my heirs, successors and assigns in connection with this agreement. • It is entirely my responsibility to ensure that timely loan payments are being remitted to Service Provider to avoid the tax consequences associated with a defaulted Plan loan. • Change of Address/Alternate Address: <ul style="list-style-type: none"> • Must be notarized or witnessed by my authorized Plan Administrator. • If my signature is not notarized or witnessed, this form will be returned to my address on file and my loan will not be processed. <p>I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <hr/> <p>Change of Address/Alternate Address Notarization (May also be witnessed by my authorized Plan Administrator)</p> <p>Active Employees Only - If I am requesting a new permanent address, I must also update my primary address with my employer. A current address is essential for correspondence and tax purposes.</p> <p>If I live in California and my notary is required to use the state notary form, the following items must be completed by the notary on the state notary form: the title of the form I am completing, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.</p> <p><i>The date I sign this form must match the date on which my signature was notarized or witnessed.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Statement of Notary</td> <td>NOTE: Notary seal must be visible.</td> </tr> <tr> <td></td> <td>This request was subscribed and sworn (<i>or affirmed</i>) to before me</td> </tr> <tr> <td>State of _____)</td> <td>on this _____ day of _____, year _____, by _____</td> </tr> <tr> <td>_____)ss.</td> <td>(name of participant) _____</td> </tr> <tr> <td>County of _____)</td> <td>proved to me on the basis of satisfactory evidence to be the person who</td> </tr> <tr> <td></td> <td>appeared before me.</td> </tr> </table> <p>Notary Public _____ My commission expires ____ / ____ / ____</p> <hr/> <p>Plan Administrator Witness Signature</p> <p>If notarized consent is not obtained, I certify that the participant's permanent address change or alternate mailing address request was signed by the participant in my presence.</p> <p>Plan Administrator Witness Signature _____ Date (Required) _____</p>	Statement of Notary	NOTE: Notary seal must be visible.		This request was subscribed and sworn (<i>or affirmed</i>) to before me	State of _____)	on this _____ day of _____, year _____, by _____	_____)ss.	(name of participant) _____	County of _____)	proved to me on the basis of satisfactory evidence to be the person who		appeared before me.
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	appeared before me.												
E	<p>Mailing Instructions</p> <p>Participant forward to Service Provider Empower Retirement</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Regular Mail: PO Box 173764 Denver, CO 80217-3764</td> <td style="width: 33%;">Phone: 1-800-352-0313 Fax: 1-866-745-5766 Website: www.ccoera.org</td> <td style="width: 33%;">Express Mail: 8515 E. Orchard Road Greenwood Village, CO 80111</td> </tr> </table>	Regular Mail: PO Box 173764 Denver, CO 80217-3764	Phone: 1-800-352-0313 Fax: 1-866-745-5766 Website: www.ccoera.org	Express Mail: 8515 E. Orchard Road Greenwood Village, CO 80111									
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Loan Provisions

Loans may be denied to individuals who have previously defaulted on a loan, subject to the terms of the Plan's Loan Policy.

Incomplete or Inaccurate Information

- In the event that any section of the Loan Application is incomplete, inaccurate or approvals have not been obtained, Service Provider may not be able to process the transaction requested. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Refinance Option

Loan Refinance

- If sufficient funds are available, I will be allowed to replace an existing loan with a new loan and request an additional amount.
- The refinance loan term cannot exceed the shortest term of all outstanding loans and cannot be refinanced if less than the minimum term allowed by my Plan.

Detailed Loan Information

Amount of Loan

- The maximum loan amount is generally the lesser of 50% of the vested account balance or \$50,000.00.
 - This amount must be reduced by any current total outstanding loan balance from all qualified plans sponsored by the employer.
 - Additionally, this amount must be reduced by the excess, if any, of the highest total outstanding loan balance of all loans for the previous 12 months ending on the day before the date this loan is made minus the current outstanding loan balance.
- Service Provider is not responsible for aggregation of loans under different plans maintained by the same employer.

Cost

- A loan origination fee in the amount of \$50.00 will be deducted from the loan approved amount.
- An additional annual loan administration fee of \$25.00 will be deducted from the account in quarterly installments of \$6.25 until the loan is paid in full.
- If I am a resident of the State of Florida, a documentary stamp tax is payable to the state. More information is available at: <http://www.myflorida.com/dor/>.

Interest Rate Determination

- The interest rate is the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated plus 1% and is fixed for the life of the loan.
- The interest I pay on this loan is not tax deductible.

Source and Application of Funds

- Loan disbursements will be made on a prorated basis from each of my current investment options and available money sources, according to my Plan's Loan Policy.
- If I have a self-direct brokerage account, the loan cannot be processed unless I have sufficient funds in the core investment options (Non-self-directed investment options) to cover the loan amount plus the core minimum investment amount.
- The funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents.

Delivery Method

Loan Check

- A check made payable to me will be mailed to my address on file unless otherwise indicated in Section A. If I have entered a new permanent address or an alternate mailing address in Section A, I must also obtain notarization or have my signature witnessed in Section D.
- I may confirm my address on file by accessing my account online at www.ccoera.org or contacting the Client Service Department at 1-800-352-0313.

Express Delivery (Optional)

- Express delivery is available for Monday through Friday delivery only. Check will be sent by USPS Express if address is a P.O. Box and could take 2-3 business days for delivery.
- There is an additional non-refundable charge of \$25.00.
- Delivery is not guaranteed to all areas.

Detailed Payment Information

Repayment

- Payments are made by payroll deduction and are deducted on an after-tax basis.
- Notification will be sent to my employer's payroll department at the time the loan is made, indicating the repayment dollar amount and frequency.
- Principal repayments and interest payments shall be reinvested in accordance with my investment election in effect at the time the payments are received by Service Provider.

Prepayment

- Full Prepayment of the outstanding loan principal and the accrued interest may be made by the next loan payment due date. I must obtain a payoff quote by calling 1-800-352-0313 to obtain a prepayment figure no more than 15 days before the payoff.
- Partial prepayments may be accepted by checking with the Plan Administrator for details on what is applicable within the Plan.

Principal Reduction Method

- I can elect to send a payment to reduce the principal balance of my loan by contacting Service Provider for a required Loan Prepayment Request.
- The payment received will be applied first to the current payment due and then to the outstanding principal balance.

Returned Payment Checks

- If a check is returned for failed payment, my loan will become delinquent, which can result in adverse tax consequences.

Default

- Loans are in arrears and delinquent when any payment is missed.
- If the sum of all loan payments due in a calendar quarter are not made and payments are not received by the end of the following calendar quarter, pursuant to Internal Revenue Code rules and regulations, the loan will be in default. As a result, the entire outstanding loan balance, including accrued but unpaid interest, shall be deemed distributed and will be tax reported in the calendar year of default.
- An IRS premature withdrawal penalty may also apply.
- Borrowers who default on a loan from the Plan will be prohibited from obtaining future loans from the Plan.
- The loan must continue to be repaid even in the event of default until the entire outstanding loan balance, plus all accrued interest thereon, is repaid in full or until, I experience a qualifying event subject to the terms of the Plan Document, allowing the Plan to offset the outstanding loan amounts against my account balance, whichever comes first.

Distributions**Full Distributions**

- A full distribution cannot be processed until I have experienced a qualifying event and elect either to treat the loan as a taxable distribution or pay the loan in full.

Partial Distributions

- A partial distribution cannot be processed until I have experienced a qualifying event.
- I am aware that I must maintain a minimum amount of \$2,500.00 or 10% of the account balance, whichever is greater, in my core investment options if I have a portion of my account balance invested in a self-directed brokerage account.

Death Distributions

- Any cash distribution from the Plan will be reduced by any outstanding loan obligation.
- All outstanding loan principal and accrued interest shall be treated as a non-cash distribution from the Plan as dictated by the Loan Policy and the amount of the outstanding loan will be tax reported.
- The loan cannot be transferred to, or assumed by, my beneficiary.

Leave of Absence

- Contact Service Provider or visit the Website at www.ccoera.org for a Loan Payment Change Request form.