WINDES

Employee Benefit Services

PLAN LOAN REQUEST FORM

Plan Name: _____

Participant Name: _____

Address: _____, City _____, State _____

ZIP_____

Email Address: _____

Telephone Number: _____

Request Date: _____

I hereby request a loan from my plan account as follows:

Requested Amount: $_____ **or** Maximum available [   ]

Term (max 5 years): _____

Note: If loans are required to be repaid through payroll withholding, then the repayment period will automatically default to the payroll frequency. If not through payroll withholding, the requested repayment period is:

   [   ] Weekly   [   ] Bi-Weekly   [   ] Semi-Monthly   [   ] Monthly   [   ] Quarterly

Your maximum loan will be calculated and communicated to you, if less than the amount requested. A loan amortization schedule will accompany your loan agreement. Please be aware of the following:

- Loans are not available if not allowed by the plan. Check your Summary Plan Description.
- Loans are subject to approval by the Administrative Committee.
- The maximum outstanding loan amount is the lesser of 50% of the vested account balance, or $50,000.
- Interest rate is generally the current prime rate plus two percentage points.
- There may be a plan limit on the number of loans than can be outstanding at any time.
- If you leave employment, any outstanding loans will be considered taxable income.
- There may be a $225 processing fee applicable to the loan (check your Summary Plan Description). If applicable, please indicate below how you wish to pay for this fee. Maximum loans will automatically have the fee deducted from the loan proceeds:

   [   ] Add the fee to the loan balance   [   ] Deduct the fee from the loan proceeds

Any questions regarding loans should be directed to a Plan Committee member.

_____   _____
Participant signature   Date

_____
Please print name

Revised April 2024

WINDES

Employee Benefit Services

PLAN ADMINISTRATOR
DISTRIBUTION REQUEST FORM

FROM: _____
            Plan Name

CURRENT PLAN YEAR: _____   TO: _____

Please prepare benefit election distribution forms for the following participant using the information provided below:

1. Participant: _____

2. Date of Birth: _____   Date of Hire: _____

3. Address: _____

4. Telephone Number: _____

5. Email Address:_____

6. Social Security Number: _____

7. Reason for Distribution (check one):   DATE OF EVENT

    [   ]   Termination of employment   _____

    [   ]   Normal Retirement Age (as defined in the Plan)   _____

    [   ]   Disability (as defined in the Plan - attach   _____
                    Physician's Statement)

    [   ]   Death Benefit (attach Certified Death Certificate)   _____

    [   ]   Hardship distribution (attach application)

    [   ]   Loan Request (attach application and complete questions 14-17 below)

    [   ]   In-service distribution (indicate amount)   _____

    [   ]   73 Minimum Required Distribution   _____
                                                                  Date of Birth
8. Gross compensation for current plan year $_____

9. Does compensation in item 8 include severance pay? Yes_____ No_____

    a. If you selected yes, please provide amount of severance pay: _____

10. Number of hours worked in the current plan year: _____

11. Date of last 401(k) deposit   [   ] N/A   _____

12. Total employee 401(k) deferrals deducted and deposited into this plan for the current plan year   [   ] N/A $_____

13. Employer safe-harbor contribution deposited into this plan for the current plan year   [   ] N/A $_____

14. Total loan payments deposited during the current plan year $_____

15. Date of last loan payment: _____

16. For new loan requests, please indicate the payroll period:

    [   ] Weekly   [   ] Bi-Weekly   [   ] Semi-Monthly   [   ] Monthly   [   ] Quarterly

17. Date of next payroll _____

I authorize Windes, Inc. to prepare Consent to Distribution form or participant loan agreement using the above information.

_____   _____
Plan Administrative Committee Member   Date

_____
Printed Name

Originals should be retained in permanent Plan Administrator/Sponsor files.

Return the form(s) in one of the following ways:

1. **To send a secure file, contact a member of your service team for their Secure Portal Link.**
2. Fax to 562-684-4749. Use a cover sheet indicating the intended recipient to ensure your communication is delivered to the correct person.