# Account Reduction Loan Application 401(k) Plan

Sto	tler Henke Associates, Inc. 401(k) Plan 384315-01									
For My Information										
Ada • 1 • F • F • F	uld use this form when I am requesting a Account Reduction Loan. itional Information nay confirm the address that is on file and track the status of this withdrawal request by logging into my account on the website at www.empower- tirement.com/participant. or questions regarding this form, refer to the attached Loan Provisions, visit the website at www.empower-retirement.com/participant or contact ervice Provider at 1-800-338-4015. Setum instructions for this form are in Section F. See black or blue ink when completing this form.									
Α										
	Account extension, if applicable, identifies a participant with multiple accounts.          Account extension       Image: Constraint of the second secon									
	Last Name     M.I.     Date of Birth (mm/dd/yyyy)									
	Email Address       Image: Married imarried imarried imarried imarried imarried imarried imarried ima									
В	Loan Options (Please read Loan Provisions before completing)									
	Loan Refinance (Complete this section only if refinancing existing loan(s))									
	<ul> <li>Refinance all outstanding loan(s)</li> <li>Refinance outstanding loan number(s):</li> </ul>									
	Type of Loan (Select ONE type) (Do not complete for refinance)									
	<ul> <li>General Purpose Loan (Available for any purpose)         <ul> <li>Loan term will be 60 months unless otherwise indicated:(12 - 59 months)</li> </ul> </li> <li>Principal Residence Loan (Available only to purchase or build a principal residence. Not available to renovate or refinance a principal residence)         <ul> <li>Loan term will be 180 months unless otherwise indicated:(61 - 179 months)</li> <li>Required Documentation: Attach a copy of the contract to purchase a principal residence.</li> </ul> </li> </ul>									
С	Amount of Loan									
	Amount of Loan:       \$									
	Loan Origination Fee: \$ • Maximum Loan: Generally the lesser of 50% of my vested account balance or \$50,000.00 reduced by my highest outstanding loan balance during the previous 12 months.									
	<ul> <li>Express Delivery (Optional)</li> <li>\$</li></ul>									
	Estimated Check Amount:									
	Documentary Tax: If I am a resident of the State of Florida, please see the Loan Provisions for documentary tax information.									

Last Name		First Nam	10	M.I.	Social Security N		Number		
Method of Payment	Method of Payment (To be verified by my Employer)								
Payroll Deduction									
First Payroll Deduction	Date:	1 1	/ Payroll Frequency:						
Payroll Contact Name:				(weekly, bi-weekly, semi-monthly or monthly)					
Signatures and Con	nsent (Sigi	natures must be on	the lines provided.	)					
Participant Consent	Participant Consent (Please sign on the 'Participant Signature' line below.)								
	Ay signature acknowledges that I have read, understand and agree to all pages of this Loan Application and Loan Provisions and affirms that a normation that I have provided is true and correct. I also understand that:								
<ul> <li>Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.</li> <li>Under penalty of perjury, I certify that the Social Security Number shown in Section A is correct. I am a U.S. person if I marked U.S. or U.S. resident alien box in Section A.</li> <li>Service Provider accepts no responsibility for any tax consequences to me resulting from my failure to adhere to the terms of this lo all applicable federal and state loan laws, and I hereby hold Service Provider harmless from any claim, of whatever nature, from mys creditors, my family, my heirs, successors and assigns in connection with this loan.</li> <li>It is entirely my responsibility to ensure that timely loan payments are being remitted to Service Provider to avoid the consequences associated with a defaulted Plan loan.</li> <li>Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Depart of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC well</li> </ul>									
		•		•	of-Foreign-Assets-Co	•			
Any person who pr	resents a	a false or frau	dulent claim i	is subject to	criminal and civi	l penalties.			
Before signing this form: I <u>must</u> sign this form in the presence of a Notary Public or my authorized Plan Administrator if my loan reques will include check delivery to an alternate mailing address. The date that I sign this form must match the date of the Notary Public o Plan Administrator signature.									
	gnature.			he date that I s	sign this form mus	t match the dat	te of the Notary Public of		
	-		-		-				
Participant Signa	ture Notarizati	ion			-				
Participant Signa Alternate Address N May also be witnessed by	ture Notarizati y my authol	ion rized Plan Adminis	strator in the belo	w section.	D	eate (Require	ed)		
Participant Signa Alternate Address N May also be witnessed by	ture Notarizati y my authol ddress -	ion rized Plan Adminis	strator in the belo	w section.	D	eate (Require	ed)		
Participant Signa Alternate Address N May also be witnessed by	ture Notarizati y my autho ddress -	<b>ion</b> rized Plan Adminis I would like my k	strator in the belo	w section.	Dowing alternate mail	eate (Require	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address	ture Notarizati y my author ddress -	ion rized Plan Adminis I would like my k will be used for th	strator in the belo ban check to be his loan request	w section. sent to the follo only.	Dowing alternate mail	Date (Require ing address. I ur City/State/Zip Code	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N	ture Notarizati y my author ddress - ddress - tates (exc lotaries us the form, th	ion rized Plan Adminis I would like my k will be used for th ept California), p sing the Californ e plan name, the	strator in the belo ban check to be his loan request blease have you ia Affidavit and	w section. sent to the follo only. r notary comple	bwing alternate mail	pate (Require ing address. I ur City/State/Zip Code ust be completed	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of ti will be rejected and it w	ture Notarizati y my author ddress - ddress - tates (exc lotaries us the form, th vill delay th	ion rized Plan Adminis I would like my k will be used for th ept California), p sing the Californ e plan name, the is request.	strator in the belo ban check to be his loan request blease have you ia Affidavit and plan number, the	w section. sent to the follo only. r notary comple I Jurat Form th e document date	bwing alternate mail te the section below e following items mu a, and my name. The	Date (Require ing address. I ur Dity/State/Zip Code ust be completed notary forms no	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of ti will be rejected and it w	ture Notarizati y my author ddress - ddress - tates (exc lotaries us the form, th vill delay th	ion rized Plan Adminis I would like my le will be used for th ept California), p sing the Californ ie plan name, the is request. My Consent' sec	strator in the belo ban check to be his loan request blease have you ia Affidavit and plan number, the	w section. sent to the follo only. r notary comple I Jurat Form th e document date th the date on v	bwing alternate mail te the section below e following items mu a, and my name. The	Date (Require ing address. I ur Dity/State/Zip Code ust be completed notary forms no	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of t will be rejected and it w The date I sign this for	ture Notarizati y my author ddress - ddress - tates (exc lotaries us the form, th vill delay th	ion rized Plan Adminis I would like my le will be used for th ept California), p sing the Californ is request. My Consent' sec NOTE: Notary	strator in the belo ban check to be his loan request blease have you ia Affidavit and plan number, the ction must mato seal must be v	w section. sent to the follo only. r notary comple I Jurat Form th e document date th the date on w isible.	bwing alternate mail te the section below e following items mu a, and my name. The	Date (Require ing address. I ur Dity/State/Zip Code ust be completed notary forms no	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of t will be rejected and it w The date I sign this for	ture Notarizati y my author ddress - ddress - tates (exc lotaries us the form, th vill delay th rm in the fi	ion rized Plan Adminis I would like my k will be used for th ept California), p sing the Californ e plan name, the is request. My Consent' sec NOTE: Notary This request wa on this	strator in the belo pan check to be his loan request blease have you ia Affidavit and plan number, the stion must mato seal must be v as subscribed an day of	w section. sent to the follo only. r notary comple I Jurat Form th e document date th the date on w isible. nd sworn (or aff	D Dowing alternate mail conternate mail te the section below e following items mu a, and my name. The chich my signature which my signature irmed) to before me , by	Date (Require ing address. I ur Dity/State/Zip Code ust be completed notary forms no is notarized or	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of the will be rejected and it w The date I sign this for Statement of Notary State of	ture Notarizati y my author ddress - ddress - <u>tates (exc</u> lotaries us the form, th vill delay th rm in the fu ) )	ion rized Plan Adminis I would like my lo will be used for th ept California), p sing the Californ is request. My Consent' sec NOTE: Notary This request wa on this (name of parti	strator in the belo pan check to be his loan request blease have you ia Affidavit and plan number, the stion must mato seal must be v as subscribed an day of cipant)	w section. sent to the follo only. r notary comple I Jurat Form th e document date th the date on w isible. nd sworn (or aff	D Dowing alternate mail conternate mail te the section below e following items mu a, and my name. The chich my signature irmed) to before me , by	Date (Require	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of t will be rejected and it w The date I sign this for Statement of Notary	ture Notarizati y my author ddress - ddress - <u>tates (exc</u> lotaries us the form, th vill delay th rm in the fu ) )	ion rized Plan Adminis I would like my lo will be used for th ept California), p sing the Californ is request. My Consent' sec NOTE: Notary This request wa on this (name of parti	strator in the belo ban check to be his loan request blease have you ia Affidavit and plan number, the ction must mato seal must be v as subscribed an day of cipant) n the basis of sa	w section. sent to the follo only. r notary comple I Jurat Form th e document date th the date on w isible. nd sworn (or aff	D Dowing alternate mail conternate mail te the section below e following items mu a, and my name. The chich my signature which my signature irmed) to before me , by	Date (Require	ed)		
Participant Signal Alternate Address N May also be witnessed by Alternate Mailing Address For Residents of all st Notice to California N notary form: the title of t will be rejected and it w The date I sign this for Statement of Notary State of County of	ture Notarizati y my autho ddress - ddress - tates (exc lotaries us he form, th rm in the form, th rm in the form, th yill delay th rm in the form, th yill delay th rm in the form, th rm in the form, th	ion rized Plan Adminis I would like my lo will be used for th ept California), p sing the Californ e plan name, the is request. My Consent' sec NOTE: Notary This request wa on this (name of parti proved to me o appeared befor	strator in the belo pan check to be his loan request blease have you ia Affidavit and plan number, the stion must mato seal must be v as subscribed an day of n the basis of sa re me.	w section. sent to the follo only. r notary comple <b>I Jurat Form</b> the document date th the date on w isible. nd sworn (or aff , year	D Dewing alternate mail Conternate mail Conter	pate (Require	ed)		

	Last Name	 First Name	2	M.I.	Social Security	Number	<u>384315-01</u> Number					
_				WI.I.		Number	Number					
Е	Signatures and Consent (Signatures must be on the lines provided.)											
	Authorized Plan Administrator Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.) This request is in compliance with Plan provisions and the amount of the loan does not exceed the amount described in Section C of this form A written explanation of the tax rules and any Internal Revenue Code, Department of Labor or other notice requirements applicable to this loar have been provided to the participant. The appropriate consent and waivers have been obtained and provided on this request. Service Provider is authorized to rely on the information provided on this form.											
	The recordkeeping system has the accurate vesting percentage unless otherwise indicated below. Please be advised that balances may not e in all money sources.											
	ERM 1 - EMPLOYER MATC ERO 1 - EMPLOYER PROF		%									
	If the participant request includes an alternate mailing address and the participant's signature is not notarized, I certify that this request was signed by the participant in my presence. The date that I sign this form must match the date the participant has signed. I authorize Service Provider to process this loan as requested by the participant. I represent that I am an authorized signer on behalf of the above named Plan and have an authority to instruct Service Provider to process the form.											
Authorized Plan Administrator Signature Date (Required)												
F	Mailing Instructions											
	After all signatures have been obtained, this form can be sent by											
	Fax to: Empower Retirement 1-866-633-5212	Er	egular Mail to: npower Retirement ) Box 173764 enver, CO 80217-370	64	OR	Express Mail to Empower Retirer 8515 E. Orchard Greenwood Villa	ment Road					

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers. GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

# 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.

## Non-Resident Alien or Other Status

- If I selected non-resident alien or other on page 1, I must attach a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- I may call 1-800-TAX-FORM (829-3676) or visit http://www.ira.gov to obtain a current version of the IRS Form W-8BEN.

# Changes to My Request

 Any changes to this Loan Application must be crossed-out and initialed. If I do not initial all changes, this Loan Application may be returned to me for verification.

#### Incomplete or Inaccurate Information

In the event that any section of this 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 and I meet the requirement for the refinance loan, 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 \$75.00 will be deducted from the loan approved amount.
- An additional annual loan administration fee of \$50.00 will be deducted from the account in quarterly installments of \$12.50 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

- Interest Rate Determination
- The interest rate is the Prime Rate published in the <u>Wall Street Journal</u> 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

- All money sources, including Roth and Non-Roth money sources, and investment options will be disbursed according to the Plan rules.
- Loan disbursements will be withdrawn from all variable funds first and then from guaranteed fixed funds (beginning with those closest to maturity) according to my Plan rules.
- Roth and Non-Roth money sources will be depleted according to the Plan.
- 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 an address change or alternate address is indicated in the 'Signatures and Consent' section and is properly notarized or witnessed.
- I may confirm my address on file by accessing my account online at www.empower-retirement.com/participant or by calling 1-800-338-4015.

## Express Delivery (Optional)

- Estimated delivery time is 1-2 business days.
- In addition to any loan fees, a \$25.00 non-refundable charge will be deducted from my loan amount.
- · Available for delivery Monday Friday, with no signature required upon delivery.
- If address is a P.O. Box, check will be sent by United States Postal Service ("USPS") Express and estimated delivery time is 2-3 business days.
- 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. Consider submitting
  payment by certified check or bank money order. I must obtain a payoff quote by accessing the website at www.empower-retirement.com/participant
  or by calling 1-800-338-4015 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. Consider submitting payment by certified check or bank money order.
- 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 due to non-sufficient funds or account closure, 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.
- The unpaid amount of any loan reduces the amount available for a subsequent loan.
- 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.

# Withdrawals

# Full Withdrawals

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

## **Partial Withdrawals**

- · A partial withdrawal cannot be processed until I have experienced a qualifying event.
- Any outstanding loan amount will reduce the amount available for partial withdrawals, unless I elect to treat an outstanding loan as a taxable withdrawal.
  An amount equal to the current outstanding loan balance (principal and interest) must remain in the investment account. This restriction does not apply to withdrawals due to reasons of approved hardship.

#### **Death Withdrawals**

- Any cash withdrawals from the Plan will be reduced by any outstanding loan obligation.
- Any loans outstanding at the time of death will be handled per the Plan rules.
- The loan cannot be transferred to, or assumed by, my beneficiary.

## Leave of Absence

Contact Service Provider or visit the website at www.empower-retirement.com/participant for a Loan Payment Change Request form.