

Phone: 800-462-8328 ext. 4116, option 1 • Fax: 714-258-4051 • SchoolsFirstRP.com
P.O. Box 11547, Attn: Retirement Planning, RH3, Santa Ana, CA 92711

Submission of this form initiates an application for a loan against my District's SchoolsFirst/Nationwide Retirement Builder Plan. A Nationwide Retirement Builder Plan Loan Application must be submitted to SchoolsFirst for review and approval for all Nationwide loan requests.

RBP Loan Details:

- Minimum account balance to request a loan is \$2,000. Maximum loan amount is \$50,000 reduced by the excess (if any) of (A) the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which the loan was made over (B) the outstanding balance of loans from the Plan on the date on which the loan is made; OR 50% of the present value of your vested account balance minus any outstanding loan balances under the Plan.
- The interest rate on your loan will be Prime Rate plus 1% and is fixed for the length of the term.
- The loan maintenance fee is \$6 per loan, charged each quarter from your Nationwide account until the loan is repaid in full.
- Loan payments are made monthly automatically via electronic (ACH) withdrawal from your designated bank account.
- Maximum number of active loans is 3.

NOTE: Please allow 5 - 7 business days for review of this application. After approval, an email will be sent with a link to review and acknowledge the loan agreement packet. Once loan terms are acknowledged, the loan amount will be liquidated from Nationwide and sent to you as indicated on the form. Time frames vary for each option.

Participant Information

Name: _____
SSN or Nationwide Account Number: _____ Date of Birth: _____
Preferred Phone Number: _____ Phone Type: Home Work Cell
Street Address: _____
City: _____ State: _____ ZIP: _____
School District: _____ Plan Number: _____
Email: _____

How would you like to be contacted if additional information is required? Email Phone

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

Current Account and Loan Balance(s)

A. Answer the following questions concerning current and previous loans:

- Have you ever defaulted on a 403(b), 401(a), 457(b) plan loan with your district? Yes No
If yes, has the default been repaid or otherwise offset? Yes No
Do you currently have or have you had a plan loan in the past 12 months? Yes No
If yes, please attach your most recent statement.

B. Identify all of your 403(b), 401(a), or 457(b) accounts under your School District.

Account 1:

Investment Provider Name: _____
Current Account Value: _____ Outstanding Loan Amount (if any): _____
Highest Loan Balance (In last 12 months): _____ In Good Standing? Yes No

Account 2:

Investment Provider Name: _____
Current Account Value: _____ Outstanding Loan Amount (if any): _____
Highest Loan Balance (In last 12 months): _____ In Good Standing? Yes No

Current Account and Loan Balance(s) (continued)**Account 3:**

Investment Provider Name: _____

Current Account Value: _____ Outstanding Loan Amount (if any): _____

Highest Loan Balance (In last 12 months): _____ In Good Standing? Yes No**Amount of Loan****NOTE:** The Loan amount will be reduced to the nearest increment of \$100 I elect to borrow \$ _____ I elect to borrow the maximum amount available to me.**Loan Term**

If a box is not checked for the General Purpose Loan Year, the loan term will default to 5 years.

 General Purpose Loan - Years: 1 2 3 4 5 (Default) Purchase of Primary Residence Loan - Years: _____ (Maximum 15 years)**NOTE:** Documentation is required to extend your loan term over 5 years, i.e. Purchase Agreement**One-time ACH Payment Authorization**

By signing this Authorization, you authorize Nationwide or any of its affiliates ("Nationwide") to initiate a one-time ACH credit of your loan proceeds in the amount elected to the bank account listed below ("Bank Account").

You understand and agree this Authorization allows Nationwide to initiate additional ACH debits and/or credits to your Bank Account for corrections, as necessary.

If this account is a joint account, authorization by one account owner constitutes authorization by all account owners - whether a current owner of this account or added after the date of this Authorization.

 Send to my SchoolsFirst FCU Account_____
Member Number_____
Share ID **Direct Deposit ACH:** Funds will be sent to the account that you indicate below.**Direct Deposit ACH Financial Institution Information:**_____
Financial Institution NameAccount Type: Checking Savings

If account type is not selected, checking will be used.

Routing Number_____
Account Number**NOTE:** Bank information is only needed if Direct Deposit ACH is selected. Direct Deposit cannot be made to a pre-paid debit card. If Direct Deposit ACH information is not completed correctly and a voided check/letter from the bank is not provided or no option is selected, then a check will be sent via first class mail to your address of record. **Send check by first class mail to my address of record.** Allow 5 to 10 business days from process date for delivery.

Authorization & Certification

I certify that I am the proper party to request this loan and that all information provided by me, including my tax identification number is true and accurate. I understand when requesting a loan disbursement, a minimum amount will be required to be maintained in my account. This may prevent me from taking future disbursements that I may have otherwise been entitled to. Loan proceeds are not a reportable withdrawal from the plan unless it is not repaid. I authorize the release of non-public information pertaining to the above transaction to SchoolsFirst and/or Nationwide Financial as necessary to process this request. I acknowledge and consent to the loan above.

Without limiting the foregoing, my signature below confirms my acknowledgment, agreement and authorization to the transactions referenced above in the One-time ACH Payment Authorization section.

Participant:

Name: _____

Signature: _____ Date: _____

TPA Authorization:

Approved Loan Amount: _____

Name: _____

Signature: _____ Date: _____

Form Return

Fax: 714-258-4051

Mail: SchoolsFirst
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