



Loan Payment Change Request

CCOB 457 Deferred Compensation Plan

95265-03

Participant Information

| | | | | | | | | | | | | | | |
|----------------------------------|--|--|------------------------------------|--|--|----------|--|--|---------------|--|--|------|--|--|
| Last Name | | | First Name | | | MI | | | | | | | | |
| Address - Number & Street | | | | | | | | | | | | | | |
| City | | | State | | | Zip Code | | | | | | | | |
| () | | | () | | | | | | | | | | | |
| Home Phone | | | Work Phone | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | | |
| <input type="checkbox"/> Married | | | <input type="checkbox"/> Unmarried | | | Mo | | | Day | | | Year | | |
| | | | | | | | | | Date of Birth | | | | | |

Method of Payment Change

Automated Clearing House (ACH)

If you are making a change to an existing bank account, this form and documentation must be complete and in good order with Service Provider at least 5 business days in advance of the next payment due date. If the request is not in good order with Service Provider at least 5 business days in advance of the next payment due date, then the ACH information currently on file will be used.

I would like my payment deducted on the _____ day of each month.*

- Checking Account - must attach preprinted voided check**
- Savings Account - must attach preprinted voided deposit slip**

| | | | | | | | | |
|---------------------------------------|--|--|----------------|--|--|----------------|--|--|
| Financial Institution Name | | | Account Number | | | ABA Number | | |
| Financial Institution Mailing Address | | | City | | | State/Zip Code | | |

* I may choose any day of the month for my payments to be due. If a particular month does not have that day included, the due date will be set for the last calendar day of the month. If I do not provide a date, my payment will be deducted on the 15th of each month. I MUST review the amortization schedule for my loan so I am aware of when payments are due. I understand that if my payment due date falls on a weekend or bank holiday, my payment will be deducted the following business day.

**Note: Money Market or Brokerage Accounts cannot be used.

I understand that it is my responsibility to ensure sufficient funds are available in my checking/savings account on the due date of my payment each month. I understand if the ACH debit fails for any reason, my checking/savings account will not be debited again for the failed payment and my loan will become delinquent, which can result in adverse tax consequences. It is my responsibility to make any failed or missed payments within the required time frame and submit them to the below address (please consider submitting payment by certified check or bank money order):

GREAT-WEST TRUST COMPANY, LLC
PO Box 560877
Denver, CO 80256-0877

Express delivery mail address - request a.m. delivery:

US Bank
10035 East 40th Avenue Suite 100
Attn Lockbox # 560877 DN-CO-OCLB
Denver, CO 80238

Last Name

First Name

M.I.

Social Security Number

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 less 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 _____

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.

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

This request is in compliance with Plan provisions.

Authorized Plan Administrator/Trustee Signature

Date

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 #: 1-800-360-2684
Fax #: 1-866-745-5766

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