

**LOAN REQUEST
CERTIFICATION FORM AND INSTRUCTIONS**

**Lay Employees Defined Contribution Retirement Plan
Retirement Savings Plan (RSVP)**

This form is to be completed by both the Participating Employer and the employee requesting the loan. Please complete the entire form and attach a copy of the employee's documentation. If any portion of this form is not fully completed, or if the supporting documentation has not been submitted with this form, the application for a loan will be rejected until such time as all items are completed.

PART I: To Be Completed By the Employer

As a Participating Employer in The Episcopal Church Lay Employees Defined Contribution Retirement Plan (401(a) and 403(b)) or Retirement Savings Plan, you are responsible for reviewing and approving loan requests by your employees. Please check the applicable boxes below. If boxes 1, 2, 3 (a or b), and 4 are not checked, then a loan cannot be granted.

Limitation on Amount:

1. The amount requested is at least \$500.
2. The amount requested is in \$100 increments.
3. The amount requested does not exceed the lesser of
 - a. ½ of the Participant's accounts with the CPF defined contribution plans
 - OR
 - b. \$50,000 reduced by the excess of (1) any outstanding loans from any plan* in which the employee participates that had been taken during the prior year over (2) the outstanding balance of all loans

Limitation on Number:

4. The Participant has no more than one loan outstanding.

By signing below, the Employer hereby certifies that it has reviewed the documentation submitted by the Employee, and has determined that the Employee is permitted to take a loan in accordance with the Plan requirements.

Signature

Title

Printed Name

Date

On behalf of: _____
Name of Employer

*Any plan includes all other plans maintained by the Participating Employer for the benefit of its employees, including any other 403(b) contract to which the Participating Employer remits or has remitted contributions.

PART II: To Be Completed By the Employee

By signing below, you hereby certify that:

- you have provided all necessary information to your employer to confirm the information requested above; and
- the information set forth above is correct and true.

Signature

Date

Printed Name