



EQUITABLE

Coronavirus Loan Repayment Temporary Suspension Request

1. Participant Information		
First Name, Middle Initial	Last Name	Social Security Number
Address	City, State, Zip Code	Date of Birth
Daytime Phone	Mobile Phone	Email Address
Employer Name	Contract ID Number (Plan ID)	

2. Qualifying Individual Certification
<p>To be eligible for a temporary suspension of repayments for an existing loan under the CARES Act, you must satisfy one of the following criteria to be considered a Qualifying Individual. Please select the reason for your eligibility below:</p> <p><input type="checkbox"/> I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention,</p> <p><input type="checkbox"/> My spouse or dependent has been diagnosed with such virus or disease by a test approved by the Centers for Disease Control and Prevention, or</p> <p><input type="checkbox"/> I have experienced adverse financial consequences due to the virus SARS-CoV-2 or coronavirus disease 2019 (COVID-19), as a result of being quarantined, being furloughed or laid off or having work hours reduced, being unable to work due to lack of child care, closing or reducing hours of a business I own or operate, or other factors as determined by the Secretary of the Treasury.</p>

3. Loan Repayment Suspension Request
<p>I hereby request to suspend repayments on the following plan loan(s):</p> <p><input type="checkbox"/> Loan ID Number: _____ Effective Date of suspension of loan repayments*: _____</p> <p><input type="checkbox"/> Loan ID Number: _____ Effective Date of suspension of loan repayments*: _____</p> <p><input type="checkbox"/> Loan ID Number: _____ Effective Date of suspension of loan repayments*: _____</p> <p>*Cannot be before March 27, 2020 or after December 31, 2020. Interest will continue to accrue on your loan(s) during the suspension period. Your loan(s) will be re-amortized at the end of the suspension period by adding the accrued interest to the outstanding principal and extending the loan term for each loan by the length of the suspension period. Repayments will begin with the first scheduled payment after the end of the suspension period. The suspension period will begin on the Effective Date of the suspension of loan repayments indicated above and end one year from that date. If you want to start making repayments before the end of the suspension period, please contact your Plan Administrator and a retirement plan account manager at 1-800-528-0204.</p>

4. Participant Certification, Authorization

I, the undersigned Participant, hereby certify, understand and agree to the following:

I am eligible to suspend loan repayments, as indicated in Part 2 and hereby request and authorize such loan repayment suspension as indicated in Part 3. I will retain documentation to support my self-certified status as a "Qualifying Individual."

I understand that interest will continue to accrue on the loan(s) and the loan will be re-amortized at the end of the suspension period by adding the accrued interest to the outstanding principal and extending the loan term by the length of the suspension period. Repayments will begin with the first scheduled payment after the end of the suspension period. The suspension period will begin on the Effective Date of the suspension of loan repayments indicated in Part 3 above and end one year from that date.

The information provided herein is accurate and complete to the best of my knowledge.

Participant Signature

Printed Name

Date

5. Plan Administrator Authorization

I, as the Plan Administrator, am aware that I am responsible for monitoring the repayments of the loan of the above participant. I am also aware that if repayments are not made in accordance with the Plan Loan Promissory Note, the loan can be defaulted without my consent upon proper notification. I am aware that loans can be monitored through the reporting section on the plan sponsor website.

Plan Administrator Signature

Printed Name

Date

Return Via Mail to:
AXA Equitable – Retirement
P.O. Box 219489
Kansas City, MO 64121-9489

Street and Overnight Address:
AXA Equitable – Retirement
430 W. 7th Street, STE. 219489
Kansas City, MO 64105-1407

Return Via Fax to:
(816) 218-0412
For Assistance Call:
(800) 528-0204
www.equitable.com

**FAILURE TO PROPERLY COMPLETE THIS FORM MAY RESULT IN A DELAY OF YOUR
LOAN REPAYMENT DEFERRAL REQUEST.**