

CARES Act Loan and Loan Delay Request



Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York – Retirement Plans Division

PO Box 385017 / Birmingham, AL 35238-5017 / Phone: 800-277-9739 / Fax: 402-467-7952 / Email: RPcontact@ameritas.com

1. Participant Information *(Participant to Complete)*

Participant Name: _____ SSN: _____

Participant Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ Marital Status: _____

US Citizen: Yes No, Country of Citizenship: _____

US Resident: Yes No, Country of Residence: _____

Request to Access Retirement Funds pursuant to the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"):

I hereby request the following **Participant Loan** **Loan Payment Delay** from my retirement plan account in accordance with the CARES Act. I certify that I have been negatively impacted 1) by my diagnosis of the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19); 2) by my spouse or dependent's diagnosis of the virus SARS-CoV-2 or with COVID-19; or 3) financially due to being quarantined or otherwise unable to work due to furlough, lay-off, reduced hours, business closure, or lack of childcare.

Participant Loan: Amount to Borrow \$ _____ **or** **Maximum Amount Available**

(lesser of up to \$100,000 or Available Account Balance)

Length of Loan (Maximum of 5 years, unless for your principal residence): _____

Requested Payment Start Date: _____ *(Payments may be delayed up to 12 months and are based on payroll frequency)*

Loan Payment Delay (Delay of payments up to 12 month):

Loan Number(s): _____

Resume Payments in _____ months

Delivery Options *(Not required for Loan Payment Delay Request Only)*

Cash Proceeds Delivery Options	Cost to You	Information Required
<input type="checkbox"/> Check – U.S. Mail	\$0.00	Valid Address
<input type="checkbox"/> Check – FedEx Overnight	\$25.00	Valid Street Address Phone Number

2. Plan Information *(Plan Sponsor to Complete)*

Plan Name: _____ Plan Number: _____

Vested Percentage: _____%

Loan Details *(new loans only):*

Interest Rate (according to Plan Loan Provisions): Prime +1% Other: _____

Repayment frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly
(This is based on the company's payroll frequency.)

First Payment Date: _____ *(First payment can be delayed up to 12 months)*

3. TPA to Complete *(If applicable)*

Vested Percentage: _____%

TPA Fee

Waive

Charge this amount: \$ _____

4. Signatures

X _____ Date _____
Signature of Participant

X _____ Date _____
Signature of Spouse *(if applicable)*

X _____ Date _____
Signature of Plan Administrator

X _____ Date _____
Signature of TPA *(if applicable)*

Return Instructions: Email to RPContact@ameritas.com or fax to 402-467-7952.