



**1. Instructions**

Please review this application carefully before completing it. The entire application must be completed. Your application must be approved by the Plan Administrator under guidelines established by your employer and the IRS. If you do not understand any part of this application, please contact your employer’s human resource person.

**If you are married, your spouse will be required to sign the actual loan agreement.**

**2. Plan Information**

Plan Number: \_\_\_\_\_ Plan Name: \_\_\_\_\_

**3. Participant Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**4. Loan Information**

**Loan Amount Desired:** \$ \_\_\_\_\_ or maximum amount available if less than requested amount.

The approved loan amount may not exceed the lesser of 100% of your vested account balance, or \$100,000, reduced by the highest outstanding loan balance during the previous 12 months. The minimum loan amount is \$1,000. The loan amount will be withdrawn from your account proportionately among your current investment options (except life insurance).

**Loan Period Desired:** \_\_\_\_\_ years, \_\_\_\_\_ months (1 to 5 years)

Under the CARES Act, you have the option to suspend loan repayments until at least January 1, 2021. Loan interest will continue to accrue during the suspension of payments. **If you wish to suspend loan repayments, please reach out to your Plan Sponsor or Plan Administrator.**

The loan repayment method shall be based on the loan provisions in your plan document. The loan must be repaid at termination of employment.

**NOTES:**

**Loan Security:** If your loan is approved, you shall automatically make an assignment of a security interest equal to the total loan amount.

**Important Tax Notice:** Under the terms of the Internal Revenue Code Section 72(p) and under relevant Internal Revenue Service regulations, if you become delinquent on loan repayments during your repayment period, and do not make up the delinquent loan repayments within the plan’s cure period, the outstanding loan balance will be defaulted and subject to ordinary income tax. This outstanding loan balance will be reported to the IRS on Form 1099-R. A copy of such report (Form 1099-R) will be mailed to you before February 1st after the calendar year in which the default occurs. Nationwide will attempt to notify you and provide you with an opportunity to bring the loan current. However, neither Nationwide nor your employer is required to notify you and will not be responsible in the event you are not contacted or in the event you do not respond.

**Interest Rate:** After you complete this application, if your loan is approved, you will be provided with the required Loan Disclosure Statement that will state the interest rate for your loan.

**5. Payment Method**

- Send check by first class mail to my address of record.** Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- Direct Deposit ACH** (complete information below)

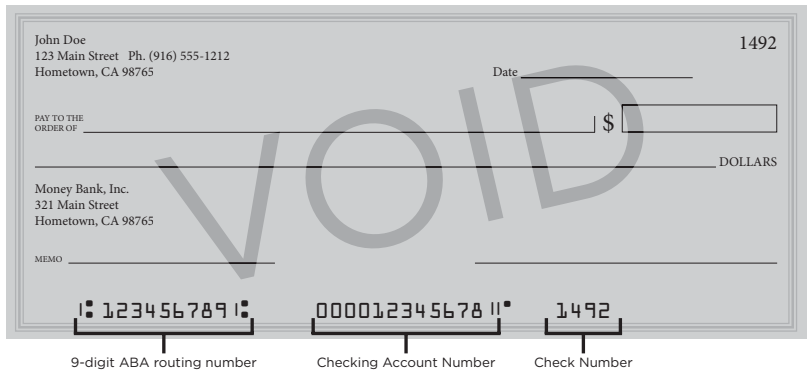
**Financial Institution Information:**

Financial Institution Name \_\_\_\_\_

Account Type:  Checking  Savings  
 If account type is not selected, checking will be used.

Transit/ABA routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



**NOTE:** Direct Deposit is only offered through members of the Automatic Clearing House (ACH).

- Is this account associated with a brokerage firm or other investment firm?  Yes  No
- If yes, have you confirmed that the ABA and account numbers are correct?  Yes  No

I hereby authorize Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. **In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.**

**6. Spousal Consent**

Not Applicable - I certify I am not married.

**If the plan requires spousal consent, and you are married, this section must be completed and the signature must be witnessed by the Plan Sponsor or a Notary below.** If you have questions, please contact the plan sponsor.

I hereby consent to the payment from the plan requested above and I certify that I have been made aware of the effects of this consent.

**Spouse Information:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Adobe Signature is not permitted.**

**Witnessed by Plan Sponsor:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Adobe Signature is not permitted.**

**Witnessed by Notary:**

State of \_\_\_\_\_, in the county of \_\_\_\_\_, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on \_\_\_\_\_ (mm/dd/yyyy).

**Notary Information:**

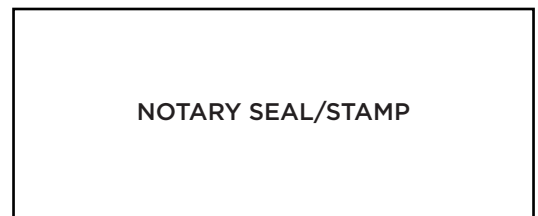
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE: Adobe Signature is not permitted.**

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_



**7. Participant Coronavirus Certification and Loan Authorization**

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. 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; or
2. I have a spouse or dependents diagnosed with such virus or disease by such a test; or
3. I have experienced adverse financial consequences stemming from such virus or disease as a result of:
  - Being quarantined, furloughed or laid off
  - Having reduced work hours
  - Being unable to work due to lack of child care
  - The closing or reduction of hours of a business I own or operate

Further, I certify that:

1. I have read and understand the above;
2. I am requesting a loan from my account; and
3. I do not currently have the maximum number of loans permitted by the Plan.

This loan is secured by the vested value of my account under the Plan sponsored by the above-named employer. I agree that the Loan Maintenance Fee may be withdrawn from my Participant account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Adobe Signature is not permitted.**

**8. Authorization**

As authorized representative, by signing below I authorize the distribution of a coronavirus-related loan as elected above.

Authorized Representative/Administration Firm:

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. PPA/TPA Loan Fees (to be completed by the Plan Administrator)**

Is there an Administrator Loan Application Fee?  No  Yes

If Yes, Amount: \$ \_\_\_\_\_

Is there an Annual Administrator Loan Maintenance Fee?  No  Yes

If Yes, Amount: \$ \_\_\_\_\_

**10. Form Return**

Return by Email: [nwforms@nationwide.com](mailto:nwforms@nationwide.com)

Return by Fax: 877-634-0157