



KANSAS BOARD OF REGENTS (KBOR)
VOLUNTARY PLAN LOAN REQUEST- 403(b)

PARTICIPANT INFORMATION

Empty rectangular box for participant information.

Name (last, first, middle initial)

Social Security Number (Required)

Empty rectangular box for residential street address and date of birth.

Residential Street Address

Date of Birth (mm/dd/yyyy)

Empty rectangular box for city, state, zip and daytime phone number.

City, State, Zip

Daytime Phone #

Empty rectangular box for e-mail address and university.

E-mail Address

University

Amount Requested input field with a dollar sign symbol.

Amount Requested

Name of Investment Provider input field.

* Name of Investment Provider your requesting loans from

* If this Investment Provider is not on the Approved Provider list, you must submit proof that loans are allowed in your contract with that Investment Provider and the Investment Provider must have completed an Information Sharing Agreement with the Kansas Board of Regents. A list of Investment Providers that have completed the KBOR Information Sharing Agreement can be found in sections I and II, as well as those in section III designated with an +. at the link below:

http://www.kansasregents.org/about/regents_retirement_plans/listing_of_approved_voluntary_plan_providers

You may want to consider a contract exchange to one of the approved providers which will allow planwithease.com to administer this process in a more timely manner.

You must disclose assets held by all KBOR 403(b) Plan Investment Providers and you must submit copies of all your most recent quarterly statements from those Investment Providers who hold assets in your name. These statements will be used by KBOR and your university in determining the amount you have available to borrow. NOTE: You will not be allowed to take a loan if you have had a prior KBOR loan default until it has been repaid including interest accrual or if you experience a triggering event (age 59 1/2 or separation from all employment from the KBOR state universities/Board Office, and your Investment Provider has offset your loan.

Please list below all KBOR 403(b) Investment Providers for whom you are submitting statements:

1.) _____ 2.) _____ 3.) _____

Once the loan has been calculated and approved, your signed request will be returned to you for you to submit to your Investment Provider for processing. By signing below you are attesting that you have supplied all pertinent information requested.

Participant Signature input field.

Participant Signature

Date

Mail or fax this completed information, along with your Investment Provider's loan request form and statements, to your HR/Benefits Office.

KBOR/STATE UNIVERSITY SECTION

Amount Approved \$ _____

KBOR State University HR/Benefits Signature and Date input fields.

KBOR State University HR/Benefits Signature

Date

This signature and authorization is valid for 30 days from the date signed.

Verified information with planwithease.com Yes [] No []

*Please visit the KBOR website to access the list of approved Investment Providers.
http://www.kansasregents.org/about/regents_retirement_plans/listing_of_approved_voluntary_plan_providers