

The Coronavirus, Aid, Relief and Economic Security (CARES) Act

DEFERRED COMPENSATION PLAN - LOAN REQUEST FORM

(212) 306-7760 • 1-888-DCP-3113 (outsideNYC) • Web site: nyc.gov/deferredcomp

Please Print - Black Ink Preferred

DO NOT WRITE IN THIS BOX													
Ą	AGENCY PAYROLL CODE												

Under the CARES Act, from March 27, 2020 through September 22, 2020, a qualified individual is able to take a loan of up to \$100,000 (currently \$50,000) from their Deferred Compensation Plan account. The Act permits loans of 100% (currently 50%) of the available value of the participant's account.

A qualified individual is a participant:

- who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively in this notice as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act);
- whose spouse or dependent (as defined in section 152 of the Code) is diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act; or
- · who experiences adverse financial consequences as a result of:
 - the individual being quarantined, being furloughed or laid off, or having work hours reduced due to COVID-19;
 - the individual being unable to work due to lack of childcare due to COVID-19; or
 - the individual having a reduction in pay due to COVID-19 or having a job offer rescinded or start date for a job delayed due to COVID-19;
 - the individual's spouse or a member of the individual's household (as defined below) being quarantined, being furloughed or laid off, or having work hours reduced due to COVID-19, being unable to work due to lack of childcare due to COVID-19, having a reduction in pay (or self-employment income) due to COVID-19, or having a job offer rescinded or start date for a job delayed due to COVID-19; or
 - · closing or reducing hours of a business owned or operated by the individual's spouse or a member of the individual's household due to COVID-19.

For purposes of applying these additional factors, a member of the individual's household is someone who shares the individual's principal residence.

457 Plan and 401(k) Plan Loan Provisions: In each Plan, a participant may have up to two loans outstanding at any time. To qualify for the second loan from the same Plan, repayments on the previous loan must be in good standing and loans must be issued at least 12 months apart.

OME MAILING ADDRESS - NUMBER AND STREET CHECK HERE IF THIS IS A NEW ADDRESS TY STATE ZIP CODE + FOUR +	1 снеск	ON	LY	ON	Е		457	Plar	ı Lo	an	OR	? [_ 4	101(l	() Pla	an L	oan																						
AFF. AREA CODE DAYTIME NUMBER AREA CODE MOBILE NUMBER AREA CODE DAYTIME NUMBER AREA CODE MOBILE NUMBER						If Id	oans	are	beii	ng ta	king	from	bot	h pla	ans,	a se	para	te a	pplic	atio	n m	ust	be s	subn	nitte	d fo	r ea	ch pl	an.										
ST NAME FIRST NAME FIRST NAME	2 PARTIC	IPA	NT	INF	OF	RM/	ATI	ON																															
APT. APT. STATE ZIP CODE + FOUR +	AST FOUR OF SOCI	AL SEC	URIT	/ NUM	IBER		1	DATE	OF	BIRTH	_	_			_	AF	REA C	ODE	_	DAY	TIME	NUN	MBER					1	ARE	A CO	DDE	_	MOE	3ILE N	NUMBE	R			т
APT. APT. STATE ZIP CODE + FOUR +										/		/																											
3 PAYROLL AND RETIREMENT INFORMATION gency Name (Not Division):	AST NAME														_	_		FI	RST N	AME						Ŧ		_				_		_				1	Ν
3 PAYROLL AND RETIREMENT INFORMATION gency Name (Not Division):																																							
PAYROLL AND RETIREMENT INFORMATION gency Name (Not Division):	OME MAILING ADDR	ESS -	NUME	ER A	ND S	TREE	Ţ		HEC	K HER	E IF	THIS IS	AN	IEW A	DDRE	SS	_																	_		APT		_	_ _
PAYROLL AND RETIREMENT INFORMATION gency Name (Not Division):																																							
PAYROLL AND RETIREMENT INFORMATION Payroll Frequency: (Check One) Weekly Bi-Weekly Semi-Monthly (Department of Education agency payroll codes 742 and 744 only) Payroll Frequency: (Check One) NYCERS Police Fire TRS BERS None Police Fire TRS BERS None Police Fire TRS BERS None Police Popartment of Education Per Diem Employees (agency payroll code 746) must contact the Plan directly to set up a payroll frequency. LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. Police Popartment of Education Per Diem Employees (agency payroll code 746) must contact the Plan directly to set up a payroll frequency. LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. Police Popartment of Education Per Diem Employees (agency payroll code 746) must contact the Plan directly to set up a payroll frequency. LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. Police Popartment of Education agency payroll codes 742 and 744 only. Police Popartment of Education agency payroll codes 742 and 744 only. Department of Education agency payroll codes 742 and 744 only. Police Police Fire TRS BERS None None Police Poli	ITY																								7	S	TATE		Z	IP CC	ODE	+ F0	UR	_	_			_	
PAYROLL AND RETIREMENT INFORMATION gency Name (Not Division):																																			+				
pency Name (Not Division): ayroll Frequency: (Check One) Weekly Bi-Weekly Semi-Monthly (Department of Education agency payroll codes 742 and 744 only) betrement System: (Check One) NYCERS Police Fire TRS BERS None offer: Department of Education Per Diem Employees (agency payroll code 746) must contact the Plan directly to set up a payroll frequency. LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. equested Loan Amount \$ Interest of the loan disbursement will be made on a prorated basis from your investment funds. inimum Loan Amount: \$2,500 Proparties of the loan of the loan. Semi-Monthly (Department of Education agency payroll codes 742 and 744 only) Police Fire TRS BERS None	-MAIL ADDRESS												1											T	_									\equiv	_				_ _
pency Name (Not Division): ayroll Frequency: (Check One) Weekly Bi-Weekly Semi-Monthly (Department of Education agency payroll codes 742 and 744 only) betrement System: (Check One) NYCERS Police Fire TRS BERS None offer: Department of Education Per Diem Employees (agency payroll code 746) must contact the Plan directly to set up a payroll frequency. LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. equested Loan Amount \$ Interest of the loan disbursement will be made on a prorated basis from your investment funds. inimum Loan Amount: \$2,500 Proparties of the loan of the loan. Semi-Monthly (Department of Education agency payroll codes 742 and 744 only) Police Fire TRS BERS None																																							
LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. equested Loan Amount \$;)		Wee	ekly				Bi-V	Vee	kly] Se	mi-l	Mont	hly		(De _l	part	mer	nt of	Ed	ucati	on a	geno	су р	ayr	oll c	odes	s 74	2 and	1744	onl	<u>(</u>)	_
LOAN AMOUNT Please allow up to 10 business days for your loan to be processed. equested Loan Amount \$	etirement Syste	m: (C	hecl	k On	e)		NYC	CER	S			Poli	се				〕 Fii	е		Ţ	1	ΓRS	;			В	ERS		Į		Von	е							
The loan disbursement will be made on a prorated basis from your investment funds. Inimum Loan Amount: \$2,500 Inimum Loan Amount: \$2,500 Inimum Loan Amount: Generally, the lesser of 100% of your available account value, or \$100,000 less your highest outstanding loan balance in the lesser of the months from any existing 457 loan, 401(k) loan, and/or any outstanding loan from qualified employer plans, including pension and 403(b) loans. In the loan will be processed for the maximum amount available. In the loan origination fee is waived for Coronavirus-related loans. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. In the loan disbursement will be made on a prorated basis from your investment funds. In the loan Amount: \$2,500 In the loan Amo	ote: Departme	nt of	Edu	cati	on F	Per I	Dien	n Er	nplo	yee	s (ag	genc	у ра	ayro	II co	de 7	746)	mu	st cc	nta	ct tł	he F	Plan	n dir	ectl	y to	set	ир а	а ра	yro	II fre	equ	enc	y.					
inimum Loan Amount: \$2,500 pronavirus-Related Maximum Loan Amount: Generally, the lesser of 100% of your available account value, or \$100,000 less your highest outstanding loan balance in the less months from any existing 457 loan, 401(k) loan, and/or any outstanding loan from qualified employer plans, including pension and 403(b) loans. TEE: If a specific amount was requested and the amount requested exceeds available funds, the loan will be processed for the maximum amount available. TEES: The \$50.00 loan origination fee is waived for Coronavirus-related loans. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan.	4 LOAN	AMO	UN	T P	leas	e all	low t	up to	10	busii	ness	day	s foi	you	r loa	n to	be p	roce	esse	d.									-										_
Pronavirus-Related Maximum Loan Amount: Generally, the lesser of 100% of your available account value, or \$100,000 less your highest outstanding loan balance in the lesser months from any existing 457 loan, 401(k) loan, and/or any outstanding loan from qualified employer plans, including pension and 403(b) loans. DTE: If a specific amount was requested and the amount requested exceeds available funds, the loan will be processed for the maximum amount available. EES: The \$50.00 loan origination fee is waived for Coronavirus-related loans. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. 5 LOAN REPAYMENT SCHEDULE This loan will be extended one year from the Term you select below. Wish to start my loan repayments (check one): Immediately First pay date in January 2021 (Interest shall accrue from date of loan issuance)	equested Loan	Amou	ınt	\$,				The	loa	n dis	burs	eme	ent w	ill b	e ma	de c	on a	pro	orate	ed b	asis	fro	m yo	ur in	vest	mer	nt fu	ınds	i.						
Remonths from any existing 457 loan, 401(k) loan, and/or any outstanding loan from qualified employer plans, including pension and 403(b) loans. The specific amount was requested and the amount requested exceeds available funds, the loan will be processed for the maximum amount available. The \$50.00 loan origination fee is waived for Coronavirus-related loans. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. The specific amount was requested and the amount requested exceeds available funds, the loan will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. The specific amount was requested and the amount requested exceeds available funds, the loan will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. The specific amount was requested and the amount requested exceeds available funds, the loan will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. The specific amount was requested and the amount requested exceeds available funds, the loan will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. The specific amount was requested and the amount requested exceeds available funds, the loan will be extended one year from the Term you select below. The specific amount available. The specific amount available are specific and the amount requested exceeds available funds, the loan will be extended one year from the Term you select below.	inimum Loan A	moun	<u>t</u> : \$2	2,500)																																		
EES: The \$50.00 loan origination fee is waived for Coronavirus-related loans. There is a maintenance fee of \$8.75 which will be deducted from your 457 or 401(k) account on a quarterly basis the life of the loan. 5 LOAN REPAYMENT SCHEDULE This loan will be extended one year from the Term you select below. wish to start my loan repayments (check one): Immediately First pay date in January 2021 (Interest shall accrue from date of loan issuance)																																		g loa	an ba	lanc	e in t	he l	a
vish to start my loan repayments (check one): 🔲 Immediately 🔲 First pay date in January 2021 (Interest shall accrue from date of loan issuance)	EES: The \$50.00	loan o	origin)1(k)	acco	ount	on a	quarte	erly ba	asis	fo
vish to start my loan repayments (check one): 🔲 Immediately 🔲 First pay date in January 2021 (Interest shall accrue from date of loan issuance)	5 LOAN F	2FP/	ΔΥN	1FN	IT 9	SCI	HEI	יווכ	F	This	loan	will F	20 0	yten.	ded	one	vear	froi	n the	Ter	rm v	/011	sele	ect h	elov	۸/													-
																											occri	ıa fra	nm d	late	of I	nan	ice	iano	۱۵				
	•		•	•		•		,					•																			Jaii	1330	and	U)				
Il normante are made through narrall deductions ever a period not to exceed the Torm above, plus one year from the date the lean was originally due to be repaid.)																																							

LAST FOUR OF PARTICIPANT SOCIAL SECURITY N	NUMBER						
6 RETIREMENT SYSTEM During the last 12 months, I have had a	n outstanding loan bala	ance with my r	etireme	ent system:	□ No	D 404/b) D 403)/b***
Check all that apply: NYCERS * The Police Pension Fund requires Section	Police* F		TR:		_	□ 401(k) □ 403	B(D)^^^
** If you checked Yes to BERS above, Section					_		
*** H+H must complete Section 7.			·				
7 RETIREMENT SYSTEM	/403(B) AUTHORI	ZED SIGN	ATUR	RE (To be completed	by Pension Plan/403(b) Representative.)	
For the employee set forth above, pleas application (if there is more than one or	se provide the highest of	utstanding ba	lance c	of <u>all</u> loans during the	•	, . ,	ich you sign this
A City of New York Pension System (Check one): Police	e 🔲 I	BERS*				
Retirement system total highest ou	tstanding loan balance:	\$, Attao	ch Loan Payment Deta	uil - No. of Pages	
PRINT NAME	SIGNATURE		PRII	NT TITLES	PHONE	NO.	DATE
B 403(b) TDA Plan (Check one:)	Health and Hospital Co	orporation	☐ BE	RS* ☐ CUNY	-		
403(b) total highest outstanding loa	an balance: \$,					
PRINT NAME	SIGNATURE		PRII	NT TITLES	PHONE	NO.	DATE
8 SIGNATURE AND AUTH	IORIZATION						
I am requesting a coronavirus-related loan. I further authorize the applicable New York Cibe for the purpose of and limited to determin that I have received, read, understood and a me with the check. I also understand the anto act on my request to withdraw money from while implementing such request.	ty Retirement System/TDA ning my loan eligibility. I ur ngreed to the terms and pro nount approved may be les	A, set forth in Senderstand that if ovisions of the Loss than the actu	ection 7, approve oan Pro al amou	to release financial info ed for a 457 or 401(k) plomissory Note and Truth int requested. I further	rmation about me to the f an loan, I will receive a lo in Lending Disclosure Si understand that I have dir	Plan. I understand that the infor oan check and that by endorsing tatement, and Amortization Sch rected the City of New York and	rmation released will only g said check, I represent edule which were sent to its recordkeeper, Voya,
I certify that I meet at least one of the followi by the Centers for Disease Control and Prev a test approved by the Centers for Disease (quences because: (i) I, my spouse, or a mer hold was unable to work due to lack of childo (iv) I, my spouse, or a member of my housel	vention (including a test au Control and Prevention (inc mber of my household was care due to COVID-19; (iii)	thorized under to cluding a test as quarantined, for a business own	the Fede uthorized urloughe ned or o	eral Food, Drug, and Co d under the Federal Foo d or laid off, or had worl perated by me, my spou	smetic Act); (2) my spous id, Drug, and Cosmetic A k hours reduced due to C use, or a member of my h	se or my dependent was diagno ct); or (3) I have experienced ac OVID-19; (ii) I, my spouse, or a nousehold closed or reduced ho	osed with COVID-19 by dverse financial conse- member of my house- urs due to COVID-19; or
Tax Consequences							
By signing this Loan Application, I acknowled that risk and have determined that requesting							
I acknowledge and understand that if I apply Deferred Compensation Plan then this could					ame employer during the	same time period that I am app	olying for a loan from the
I assume full liability for any tax penalties wh subject to payment of the loan origination fee					bject to appropriate appro	oval and applicable fees. I furth	ner understand that I am
I hereby affirm, under penalty of perjury, that application. If any information or documenta New York Department of Investigation.							
Signature:						Date:	
If you are unable to have this form notariz	zed, in person or remotely	, the documen	t will be	accepted with a copy o	f a legible government is		r's license or passport.
9 STATEMENT OF NOTAR	RY To Be Completed b	ov Notary (No	otarv se	al must be visible/led	ible)		
State of	10 20 00p.0.00 .)	nary oo	ar made so violisioneg			
) SS:.					
County of)					
On	before me, the u	indersigned ne	ersonally	appeared			
personally known to me or proved to me on the same in his/her capacity, and that by his/	the basis of satisfactory ev	vidence to be th	e individ	lual whose name is sub			e that he/she executed
Signature and office of individual taking	acknowledgment						
							