OMNI&TSACG Compliance Services
Visit Us Online: https://www.omni403b.com
220 Alexander Street, Suite 400 Rochester, NY 14607 Phone: 1.877.544.6664 Fax: 1.585.756.5557

403(b) PLAN DISBURSEMENT REQUEST FORM

LOAN WITHDRAWAL

- **Please supply the information requested below.**
- **Read all agreements on this form before submitting.**
- **Fields having an asterisk notation are required.**

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

Many 403(b) Service Providers allow for participants to take a loan against the assets held in their plan. If your Service Provider allows for loans, you will start the process by contacting them directly to request this transaction. It is important to note that Loans will need to be repaid (with interest). Your Service Provider will work with you to decide on the technicalities of your loan, including the manner in which it will be repaid. After completing your Service Provider's Loan Paperwork, fax it along with this form to OMNI's Service Provider Team at 585-756-5557 (or mail, if original paperwork is required).

After verifying your eligibility to receive a loan, OMNI will sign off on your transaction and, unless otherwise notified, forward it directly to your Service Provider so that your funds may be issued.

Part 1: Employee Information

*Social Security Number: *First Name: MI: *Last Name:

*Address:

*City: *State: *Zip: *Date of Birth:

*Phone: *Email address:

☐ There is a financial advisor/representative associated with the transaction.

Sales Agent/Representative Name:

Phone: Email:

☐ I wish the above named agent to be copied on all email communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction. (*Requires agent's email address to be provided above*)

Part 2: Distributing Account Information

*Please provide the full Organization Name, City and State for the employer from whose Plan you wish to withdraw funds:

Current Employer Name, City and State (*if other than above):*

Please provide the following information for the Service Provider who will be distributing (paying out) the funds for this transaction:

*Service Provider Company:

Account Number: *Amount to be Distributed:

If amount requested is not available, Omni will process for maximum amount available at the time this form is received in good order.

Part 3: Loan History

* I have previously taken out a loan. ◯ Yes ◯ No

Account #	Approximate Value	Outstanding Loan Balance	Loan Status

Part 4: Other Accounts

* 1.) I have other accounts under this Plan. ◯ Yes ◯ No

Service Provider Name	Account #	Approximate Value	Outstanding Loan Balance	Loan Status

* 2.) I have other accounts in other plans of this employer. ◯ Yes ◯ No

Service Provider Name	Account #	Approximate Value	Outstanding Loan Balance	Loan Status

Part 5: Employee Signature (Mandatory)

By signing below, I hereby confirm that the information on this form is correct and complete to the best of my knowledge.

Employee Signature: Date:

Please return this form to U.S. OMNI, unless otherwise advised by your employer:

U.S. OMNI • 220 Alexander Street, Suite 400 • Rochester, NY 14607
Toll Free: (877) 544-OMNI • Fax: (585) 756-5557 Please visit our website at **www.omni403b.com**

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