



LOAN DEFAULT FORM

ABA Retirement Funds Program ("Program")
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272
Website: abaretirement.com

An Authorized Plan Representative completes this form to advise the Program that a participant has defaulted on a loan. If the participant has more than one loan in default, list each loan to be defaulted in section 3. The Authorized Plan Representative completes all sections, signs section 4, and mails the original, signed form to the address shown above.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (_____) _____ - _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ Daytime Phone Number: (_____) _____ - _____

Participant's Email: _____

Participant's Primary Residence*: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

* Applicable tax withholding will be based on this address.

3. LOAN DEFAULT INFORMATION

Loan Number: _____ Loan Issue Date: _____ / _____ / _____ Original Amount of Loan: \$ _____

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Has the participant terminated employment with the firm? ☐ Yes ☐ No Termination Date: _____ / _____ / _____

If yes, this Loan Default Form (Form 6) should not need to be completed if:

- The participant is taking a full distribution, or
- If the employer wants to cash out a participant's account that has a vested balance of \$1,000 or less.

At the time of distribution, the loan will be discharged and the participant will receive a Form 1099-R, which will indicate the taxable portion of the outstanding loan balance.

4. LOAN DEFAULT AUTHORIZATION

We have received no further payments after having notified the above-named participant of the delinquent status of the loan and the permitted cure period has expired. This form shall serve as notice that the participant referenced above has not complied with the terms of the Promissory Note issued for the loan referenced above and the loan is in default. The Program is authorized and hereby instructed to treat the outstanding loan balance, including applicable accrued interest, as a taxable distribution.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE