Florida State University Vendor Loan Supplement
For public education 403(b) and other non-ERISA 403(b) plans

This form is designed to obtain information necessary to determine your eligibility for a loan under Florida State University’s 403(b) plan, taking into account any existing loans you already have under the plan. You should provide the completed form to the Benefits Department in Human Resources.

While the form asks you to provide certain information regarding those loans, you should expect that your investment provider will seek to confirm some or all of the information with the identified providers, to ensure compliance with the federal tax rules governing these loans. You should also be aware that loans are subject to any additional restrictions or requirements imposed under the contract and account from which you are requesting the loan, and thus completion of the form does not ensure loan approval.

1. Investment Provider: ______________________________________________________________

2. Employer: _______________________________________________________________________
   Plan Name: ______________________________________________________________________

3. Participant Name: _________________________________________________________________
   Contact Information: Phone _________________  E-mail __________________________

4. Amount of loan you are requesting: $_____________

5. Requested term of loan (not to exceed five years unless for purchase of principal residence)
   ___________________

6. List all accounts under Florida State University’s 403(b) plan, including contact information for the respective investment providers, and identify outstanding loan information for each account (enter zero if none). This list should include all accounts to which contributions have been made at any time under the 403(b) plan. It should not include accounts which are grandfathered or under other plans (see #7 to provide data regarding these).
Employee Provided Information: Regarding this plan only

<table>
<thead>
<tr>
<th>Investment provider (include customer service number)</th>
<th>Account number</th>
<th>Account balance</th>
<th>Loan balance</th>
<th>Largest outstanding loan balance in the past 365 days</th>
<th>Loan number, if applicable</th>
<th>Status: active (in repayment) or defaulted</th>
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Use a separate sheet for additional accounts and/or loans.

7. List (a) *any other 403(b) contracts or accounts*, such as those grandfathered contracts or accounts established with transfers of amounts previously contributed under Florida State University’s 403(b) plan; and (b) any other plan of Florida State University. Do not include any amount listed in #6, or any amount in another employer’s plan.

Employee Provided Information: Other contracts or accounts

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8. **Participant Signature:**

- I certify that the information I have provided above is true and correct to the best of my knowledge.

- I hereby authorize the investment provider from which I am requesting a loan to confirm the accuracy of all information provided in the chart in Section 6. I also authorize the investment provider identified in Section 1 to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in the chart in Section 6 regarding my account balance or loans, subject to the requirement that the information provided herein is authorized for use by the investment provider identified in Section 1 solely for the purposes of satisfying the restrictions under the plan.

*I further authorize the providers to share supporting information with the Florida State University as part of any pre-approval process and/or periodic post-transaction review process that Florida State University may establish as part of its plan compliance procedures.*

Signature ___________________________ Date ___________________________

9. **IF THE PLAN REQUIRES ADVANCE REVIEW OF THIS REQUEST, by Florida State University or a designated third party, this section should be completed by Florida State University or designated third party.**

By signing below I hereby confirm that:

- The provider receiving current contributions from the Employee, if not identified above, is identified below, and

- Except as listed below, I am not presently aware of an account maintained by the Employee under the plan that is not listed above.

Additional provider(s) for this Employee (if any):

Signature ___________________________ Date ___________________________

**Employer Information (if applicable)**

<table>
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<th>Additional information</th>
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