



Guardian Retirement Solutions
LOAN REQUEST

Regular Mail:
Guardian Insurance & Annuity Company, Inc.
Guardian Retirement Solutions
P.O. Box 26280
Lehigh Valley, PA 18002-6280

Express Mail:
Guardian Insurance & Annuity Company, Inc.
Guardian Retirement Solutions
3900 Burgess Place, 3 South
Bethlehem, PA 18017

Telephone: 1-877-500-2380
Facsimile: 1-610-807-6900

Plan Name Contract Number
Participant Name Social Security Number
Participant Street Address* E-mail Address
City State Zip Code Date of Birth

*The address provided will become the permanent address on file for this participant. Address and Date of Birth are required for processing.

IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY, THE REQUEST WILL NOT BE PROCESSED.

1. PURPOSE OF LOAN

Choose only one.

- Residential Loan (maximum allowable per your plan)
General Purpose Loan (maximum 60 month term)

2. LOAN DETAIL

Loan Amount: \$ Annual Interest Rate: %

Number of Payments:

First payment to begin on / / (date - to match payroll frequency).

Payment Frequency (based on the company's payroll frequency)

- Weekly Bi-Weekly
Semi-monthly Monthly

REFINANCE LOAN

Loan Amount: \$ Annual Interest Rate: %

Full Amount of New Loan:

Number of Payments:

First payment to begin on / / (date - to match payroll frequency).

Payment Frequency (based on the company's payroll frequency)

- Weekly Bi-Weekly
Semi-monthly Monthly

3. LOAN SOURCE You may specify the sources and the amount by completing the section below. Otherwise, we will withdraw from the participant's vested account balance.

Table with 2 columns: Source, Participant Amount \$

Continued on next page.

PARTICIPANT NAME _____

SOCIAL SECURITY NUMBER _____

4. DELIVERY INSTRUCTIONS

(Must choose one. Excludes any fees.)

- Mail to Participant**
- Mail to TPA**
- Mail to Plan Sponsor**
- Wire Funds - Complete Wire Information Section.**
- Other - Complete Address**

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 PRIORITY DELIVERY: (No Post Office Boxes)

- UPS**
- Federal Express**

Account Number _____
(Must Complete. No Credit Cards will be accepted.)

5. WIRING INFORMATION (Complete this section if wiring funds. A copy of voided check or deposit slip is required.)

Minimum wire amount is \$5,000.

ABA Number _____

Bank Name _____

Bank City, State _____

Account Number _____

Account Name _____

Participant Name _____

Reference Number _____

Memo _____

6. ADDITIONAL INFORMATION

Does any TPA Loan Initiation Fee apply? Yes No
(Fee will be sent with the TPA monthly rollup check.)

If Yes: \$ _____ TPA Number _____

7. SIGNATURES

In the event the form must be returned for additional information, GIAC accepts no responsibility for any market value fluctuations as a result of the delay. GIAC does not agree to pay any costs incurred for special handling.

Provide the applicable signatures below.

By signing the request, the Authorized Representative understands:

- partial distributions of funds will only be made from the core fund options and no funds will be distributed from the SDB Option.
- and accepts full responsibility for the completeness and accuracy of the information presented.

Participant Signature _____ Date _____

Plan Sponsor Signature _____ Date _____

Authorized Representative (TPA) Signature _____ Date _____