SUPPLEMENTAL RETIREMENT 403(b) PLAN
LOAN APPLICATION

General Provisions

- The Internal Revenue Code limits on the amount a participant may borrow are applied to the combined TIAA-CREF and/or Fidelity Supplemental Retirement 403(b) Plan account balances. However, the Plan limits you to one loan with only one vendor (either TIAA-CREF or Fidelity Investments).
- Amounts from an existing Basic Retirement 401(a) Plan and UNMC Physicians Money Purchase Pension Plans loan will be subtracted from the amount the participant is eligible to borrow.
- Loans may not exceed the lesser of one-half of the participant’s combined TIAA-CREF and Fidelity Supplemental Retirement 403(b) Plan account balance or $50,000, minus the highest outstanding balances of loans from the University of Nebraska and UNMC Physicians plans. The minimum loan amount is $1,000.
- A participant may only possess one Basic Retirement 401(a) and one Supplemental Retirement 403(b) loan at a time, regardless of the vendor.
- Participants may elect a loan amortization period from 1 to 5 years.
- The interest rate on a loan from TIAA-CREF is variable while the Fidelity rate is based on the Wall Street Prime rate plus 1 percent.
- Loans must be repaid monthly in equal installments that include both principal and interest. Repayment of a loan to TIAA-CREF or Fidelity must be made from the participant’s personal bank account.
- Once a loan has defaulted, no subsequent loan may be requested in the future.
- TIAA-CREF does not assess any fees to process and administer a loan. Fidelity however, charges each loan participant $50.00 for the initial loan and $6.25 per quarter for administration.

Requesting a Loan

- Participants should complete the Supplemental Retirement 403(b) Loan Application (included in this document).
- The Supplemental Retirement 403(b) Loan Application should be submitted to the participant’s Campus Benefits Office for review.
- Once the Loan Application has been submitted, University of Nebraska Central Administration (UNCA) will review the loan.
- Once the loan has been authorized by UNCA, the participant should contact TIAA-CREF or Fidelity Investments via web access or telephone to initiate the loan from the retirement plan company.

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Web Access</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>TIAA-CREF</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
<td>(800) 842-2776</td>
</tr>
<tr>
<td>Fidelity</td>
<td><a href="http://www.mysavingsatwork.com">www.mysavingsatwork.com</a></td>
<td>(800) 343-0860</td>
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- Once the vendor loan application is obtained from TIAA-CREF or Fidelity, the loan application should be submitted to UNCA for signature approval. UNCA will notify TIAA-CREF or Fidelity of the loan approval.
- Once all appropriate loan documentation has been submitted to UNCA, disbursement of the loan funds from the vendor will occur within 10 business days.
SUPPLEMENTAL RETIREMENT 403(b) PLAN
LOAN APPLICATION

You may use this form to request a loan from the Supplemental Retirement 403(b) Plan. You may only possess one Supplemental Retirement 403(b) loan at a time and from only one vendor.

This form must be submitted to your Campus Benefits Office for review.

Participant’s Name: ____________________________

Campus: UNL UNMC UNO UNK UNCA
Please circle your campus

Telephone Number: ____________________________

Campus Address: ____________________________

Date of Birth: ______/____/______________

Campus Zip Code: __________________________

Social Security No.: _______ - _______ - _______

Email Address: ____________________________

Have you ever been employed by UNMC Physicians ________ or UneMed ________?

I hereby request a loan (specific dollar amount) of $ ____________ from my TIAA-CREF______ or my Fidelity Investments______ account (mark only one) under the Supplemental Retirement 403(b) Plan.

I certify that all information in this application is true and correct. I understand that a misrepresentation of any fact in this application will result in disciplinary action, including, potentially, termination of employment.

Date: ____________________________
Participant’s Signature

Date: ____________________________
Campus Benefits Office

Date: ____________________________
Controlled Group Participant

Date: ____________________________
UNCA Approval