

## Form Completion Instructions: Retirement Plan Loan Program Booklet for Texas Accountholders (RPLOANTX)

The **Retirement Plan Loan Program Booklet for Texas Accountholders** (RPLOANTX) allows you to borrow money from your Foresters Financial Services, Inc. 403(b) or 457(b) retirement account provided you meet certain requirements. You should discuss taking a loan with your plan administrator since the plan administrator's approval and signature is needed for the loan to be processed. You should review the Questions and Answers and Terms and Conditions located within the loan booklet for specific information and procedures regarding loans. The Loan Program (a) provides that Plan Loans are only available if your employer is a tax-exempt entity that sponsors a 403(b) plan subject to ERISA, is a governmental or other entity that sponsors a 403(b) plan that is exempt from ERISA or is a governmental entity that sponsors a 457(b) plan, and (b) requires the Plan Administrator to authorize and direct the payment of Plan Loans. It is the Plan Administrator's sole responsibility to ensure that by providing the certifications on the application, it does not subject a non-ERISA Plan to ERISA.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below.

### Retirement Plan Loan Application for Texas Accountholders

Notes:

- See Foresters Financial Services, Inc. Retirement Plan Loan Program Questions & Answers and/or Terms & Conditions found in the Retirement Plan Loan Program Booklet for a definition of terms used on this form.
- The Loan Program requires the Plan Administrator to authorize and direct the payment of Foresters Financial Services, Inc. Plan Loans. It is the Plan Administrator's sole responsibility to ensure that by providing the certifications in **Section 9**, it does not subject a non-ERISA Plan to ERISA.

#### 1. Plan Information

Check one:  403(b) Plan  457(b) Plan

Name of Plan / Employer (print)

- Print the **Name of Plan/Employer**.
- Check if retirement plan loan is from a **403(b) Plan** or **457(b) Plan**.

#### 2. Participant Information

Participant's First Name (print)      Participant's Last Name (print)      Participant's Last 4-digits of Social Security #

- Print the **Participant's Name** and the participant's **Last 4-digits of Social Security Number**.

#### 3. Loan Amount Requested

Notes: The minimum Plan loan available under this Loan Program is \$1,000. The maximum Plan loan available is the lesser of (a) \$50,000 reduced by the highest loan balance in existence at any time within the last twelve months from **all** Employer plans, or (b) one-half of the aggregate value of the Participant's Custodial Account. For 403(b) Plans, loans are only available from one type of account, e.g., salary deferrals, employer contributions or rollovers.

Each Fund Account listed below must have at least a \$1,000 balance after deducting the loan amount requested from that Fund Account.

I hereby request a Foresters Financial Services, Inc. Plan Loan as follows:

Amount requested: \$ \_\_\_\_\_ OR \_\_\_\_\_ % from Fund Account # \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ OR \_\_\_\_\_ % from Fund Account # \_\_\_\_\_

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Amount requested: \$ \_\_\_\_\_ OR \_\_\_\_\_ % from Fund Account # \_\_\_\_\_

Total Loan Amount \$ \_\_\_\_\_

The amount of your Foresters Financial Services, Inc. Plan Loan may be subject to your Plan Administrator's certification / approval.

- Provide the First Investors Fund accounts from which the loan is being requested.
- For each fund account, provide the dollar amount or the percentage of the account to be redeemed for the loan and the First Investors Fund account number.
- Provide the total amount of the requested loan in the **Total Loan Amount** field. If unknown due to a request for percentages, leave blank.

**Point to Remember:** Each Fund Account must have at least a \$1,000 balance after deducting the loan amount requested from the Fund Account.



**8. Spousal Consent** (if applicable)

Check One:  Participant is married.  Participant is not married. (If checked, skip to next section)

If the Participant is married, spousal consent may or may not be necessary depending upon the terms of the Plan, the nature of the property in the account and/or the state of residence (e.g., community property, marital property or otherwise). The Participant should consult with the Plan Administrator and/or his or her own legal adviser as to whether spousal consent is necessary for a loan from the Custodial Account. Neither Foresters Financial Services, Inc., nor any of its affiliates and mutual funds managed by such affiliates, nor any of their respective officers, directors, trustees, employees, representatives or agents take any responsibility for determining whether spousal consent is necessary. Neither Foresters Financial Services, Inc., nor any of its affiliates and mutual funds managed by such affiliates, nor any of their respective officers, directors, trustees, employees, representatives or agents are liable for any consequences resulting from failure to obtain or provide proper spousal consent.

I am the spouse of the Participant named in Section 2, I hereby consent to my spouse's obtaining a loan from and granting a security interest in his or her Custodial Account(s). I understand that by consenting to my spouse's loan and grant of security interest, I may be forfeiting benefits I would be entitled to receive if no loan or security interest had been granted. I also understand that my consent cannot be revoked unless my spouse revokes his or her request for a loan.

\_\_\_\_\_  
Spouse's First Name (print)      Spouse's Last Name (print)      Spouse's Signature      Date

Spouse's signature must be witnessed either by the Plan Administrator or a Notary Public:

Witnessed by Plan Administrator:

OR Witnessed by Notary Public:

\_\_\_\_\_  
Plan Administrator's First Name (print)      Plan Administrator's Last Name (print)

\_\_\_\_\_  
Signature of Plan Administrator      Date

**Notary Public:**

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of  
month \_\_\_\_\_, year \_\_\_\_\_ by

\_\_\_\_\_  
Affiant's Name (print)

\_\_\_\_\_  
Signature of Notary Public      Commission Expiration Date  
(SEAL)

\_\_\_\_\_  
Name of Notary Public (typed, stamped, printed)

- Check one box indicating if you are married or not married.
- If you are married:
  - Spousal consent may be necessary depending upon the nature of and the property in the account and the state of residence. You should consult with your own legal advisor to determine if spousal consent is necessary for a loan from the Custodial Account.
  - If spousal consent is necessary, your spouse must sign and date in this section.
  - A notary public or the plan administrator must witness the spouse's signature and sign in this section.
- If you are not married skip the remainder of this section and continue with **Section 9**.

**Point to Remember:** Neither Foresters Financial Services nor any affiliates of Foresters Financial Services will be liable for any claim, loss, damage or expense arising out of or in any manner connected with the failure to obtain spousal consent or any misrepresentation concerning whether spousal consent has been obtained.

**9. Signatures**

**Participant**

I, the Participant, have received, read, understand and agree to comply with the provisions of the Foresters Financial Services, Inc. Retirement Plan Loan Program Questions & Answers and Terms & Conditions. I have either enclosed a non-refundable check payable to Foresters Investor Services, Inc. for the loan administration fee or authorize said fee be deducted from a First Investors Funds account in accordance with Section 6. I certify that: (i) I am employed by the employer listed on my Custodial Account from which I am requesting the loan; (ii) loans are available under the Plan; (iii) I meet all of the requirements for borrowing from my Custodial Account including, but not limited to, complying with the maximum loan limitations; (iv) I comply with all applicable spousal consent requirements; (v) I do not have any employer plan loans that are in default and which have not been paid in full; (vi) I have consulted my Plan Administrator and/or tax advisor; and (vii) I have not received legal or tax advice from Foresters Financial Services, Inc., its affiliates, or from its or their officers, directors, trustees, employees, agents or representatives.

I agree to make monthly payments until the loan is paid in full with the understanding that the first payment is due one month after the loan is disbursed and that remaining payments are due on the same day of each month thereafter.

I authorize and direct Foresters Financial Services, Inc., its agent and affiliates to rely on and act in accordance with the instructions contained herein and to notify my Plan Administrator or any Third Party Administrator authorized by my Employer, of this loan and any status reports relating to this loan as is necessary for the proper administration of the Plan.

I certify that all statements made by me are true and correct.

**(SG)** denotes if a signature guarantee is required.

**AMix Medallion Signature Guarantee Here, If Required:**  
Stamps qualified for a specific date and/or individual, or altered in any manner, may not be accepted.

Participant's First Name (print)	Participant's Last Name (print)
Participant's Signature	Date

**Plan Administrator**

I hereby certify that (i) the Employer is a tax-exempt entity that sponsors a 403(b) plan subject to ERISA; (ii) the Participant's request meets all the criteria set forth in the Plan Loan Program Questions & Answers and Terms & Conditions; and (iii) I am authorized to make this certification on behalf of the Plan. I authorize and direct Foresters Financial Services, Inc., its agent and affiliates to act in accordance with the instructions contained herein. I agree, on behalf of the Employer, to indemnify and hold harmless Foresters Financial Services, Inc., its affiliates and mutual funds managed by such affiliates, and each of its and their respective officers, directors, trustees, employees, representatives and agents from any claims, losses, costs, damages, liabilities or expenses (including reasonable attorney's fees and expenses) arising out of or in any manner connected with the Participant's Foresters Financial Services, Inc. Plan Loan.

Plan Administrator's First Name (print)	Plan Administrator's Last Name (print)	Plan Administrator's Signature	Date
Plan Administrator's Title	Plan Administrator's Telephone Number		

- Signature of participant must be provided exactly as the account is registered.
- If a Medallion Signature Guarantee is required, it can be provided in this section.
  - A Medallion Signature Guarantee cannot be qualified or altered in any manner (i.e. arrows, dates, etc.)

**Plan Administrator:**

- The Plan Administrator must certify to the information in this section and provide the following information:
  - Name of Plan Administrator,
  - Signature of the Plan Administrator,
  - Name and Title of Authorized Signatory of the Plan Administrator, and
  - Telephone Number of the Plan Administrator.

<b>I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.</b>				
Reg. Rep #	Office #	Registered Representative's Name (print)	Registered Representative's Signature	Date
Principal #	Principal's Name (print)	Principal's Signature		Date

In lieu of a Medallion Signature Guarantee, your Foresters Financial representative may provide a Signature Guarantee.

**If further assistance is needed in completing this form please contact our Shareholder Services Department at 800-423-4026.**