



Loan Offset For Account Reduction Loans
Governmental 457(b) Plan

CCOERA 457 Plan

98721-02

For My Information

- For questions regarding this form, visit the Web site at www.ccoera.org or contact Service Provider at 1-800-352-0313.
Use black or blue ink when completing this form.

A Participant Information

Form section A containing fields for Social Security Number, Account Extension, Last Name, First Name, M.I., Date of Birth, Street Address, Personal Phone Number, City, State, Zip Code, Work Phone Number, Email Address, and checkboxes for marital status and citizenship.

B Loan Offset Reason

Form section B containing checkboxes for Separation from Employment, Age 70 1/2 or older, Disability, and Death, along with a field for Loan number(s) to be offset.

C Signatures and Consent (Signatures must be on the lines provided.)

Participant/Beneficiary Consent (Please sign on the 'Participant/Beneficiary Signature' line below.)

This loan offset must be for the entire outstanding loan balance indicated on this form. I understand that if I have selected Disability as the loan offset reason, I must obtain either: 1. My physician's signature... 2. My Plan Administrator's certification... My signature acknowledges that I have read and understand this entire form... Under penalty of perjury, I certify that the Social Security Number shown in Section A is correct.

Last Name

First Name

M.I.

Social Security Number

Number

C Signatures and Consent *(Signatures must be on the lines provided.)*

Physician's Information and Certification of Disability *(Please sign on the 'Physician's Signature' line below.)*

Physician's Name

Name of Practice

Physician's Mailing Address

Physician's City/State/Zip Code

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Physician's Phone Number

Physician's Fax Number

Section §72(m)(7) of the Internal Revenue Code provides that a person is disabled "if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration." Federal Treasury regulations provide that the "substantial gainful activity" to which §72(m)(7) refers is "the activity or a comparable activity in which the individual customarily engaged prior to the arising of the disability or prior to retirement if the individual was retired at the time the disability arose."

I, _____, under penalty of perjury, hereby certify that _____
(Physician's printed name) *(Participant's printed name)*

is my patient who became totally and permanently disabled on ____/____/____ and has met and continues to meet the IRC §72(m)(7) definition of disability.
(Date - mm/dd/yyyy)

Physician's Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

The information provided by the participant/beneficiary is correct. This loan offset is in compliance with the Plan provisions. Process the loan offset for the reason described in this form.

I certify that the Participant met the disability requirements under the Plan document and is eligible to take this withdrawal.

I certify that the Participant's disability meets the IRC §72(m)(7) definition of disability and the date of their disability is ____/____/____.
(mm/dd/yyyy)

I represent that I am an authorized signer on behalf of the above-named plan and have an authority to instruct Service Provider to process this form.

Authorized Plan Administrator Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
1-866-745-5766

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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