



**HOW WOULD YOU LIKE TO RECEIVE YOUR LOAN?**

- First class mail at no additional charge.** If you previously set up an ACH Direct Deposit election you cannot choose this option. Your distribution request will be directly deposited based on the banking instructions you have on file, you will not receive a check.
- Expedited delivery.** I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account. If you previously set up an ACH Direct Deposit election you cannot choose this option. Your distribution request will be directly deposited based on the banking instructions you have on file, you will not receive a check.
- Automated Clearing House Note:** You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank via ACH. You may update your ACH banking information on the [Pension2.com](http://Pension2.com) website.

**PARTICIPANT SIGNATURE**

*I hereby authorize that the above participant information is true, accurate and complete and that I understand and agree with the loan requirements and procedures. I understand my application will be reviewed in a nondiscriminatory manner and I will be notified of the acceptance or rejection of my loan.*

*I authorize deduction of my loan payments from the designated checking or savings account indicated above. I also authorize the financial institution to debit such account each month until the loan is paid in full.*

*I understand that if any loan payment deduction is rejected due to insufficient funds, Voya will not resubmit the deduction until the following month. I understand that any loan payment deduction not honored by my financial institution will be considered not paid and could result in default of my loan and reported as either a deemed or actual distribution to the Internal Revenue Service on IRS Form 1099-R for the year in which the default occurs.*

*I certify that there is no Qualified Domestic Relations Order (QDRO), a court judgment, decree or order relating to the provision of child support, alimony, or marital property rights to a spouse, former spouse, child or other dependent with respect to the requested loan amount.*

*I understand that CalSTRS reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the CalSTRS Pension 2 Program regardless of the method of payment.*

*Those signing the form may rely conclusively on all information, including this certification, in processing the loan request. In the case of any conflicting information, CalSTRS is entitled to rely exclusively on the information contained in this Loan Request.*

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

Please check off each item below prior to submitting this form. Missing information on this form may result in a delay in processing or rejection of your request.

- Indicated which plan type to which this form applies in Personal Information section on the first page.
- Confirmed that your address on file matches your current address.
- Indicated the amount and term of the loan.
- Completed the Financial Institution section or enclosed a voided check.
- Selected a delivery method.
- Signed and dated this form.
- Acquired Third Party Administrator and/or Employer authorized signature or approval certification.

**If you have any questions, contact a Customer Service Agent at: 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449 ) or go online at Pension2.com.**

**If your application is complete, please fax or mail the application to:**

**VIA FAX**

CalSTRS Pension2 Plan Administration  
1-888-814-5862

**VIA MAIL**

CalSTRS Pension2 Plan Administration  
P.O. Box 389  
Hartford, CT 06141

**VIA OVERNIGHT DELIVERY**

CalSTRS Pension2 Plan Administration  
One Orange Way  
Windsor, CT 06095

**THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION**

- I am employed as a Third Party Administrator of the plan identified in this request and have validated the account information and calculations referenced in this package and have not relied solely on information provided by the Participant in this form in order to make this determination.
- I certify that this loan request is in compliance with the plan sponsor's plan document and the Internal Revenue Code and that the plan document or any written supplemental loan policy and procedures properly reflect CalSTRS Pension 2 loan program, including the applicable grace periods.
- I acknowledge that I am solely responsible for providing the Loan Disclosure including the content and timely delivery to the Account Holder.
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to CalSTRS is in conflict with the information provided by me to CalSTRS, I acknowledge that CalSTRS will rely conclusively on the information provided by me.

**NAME OF TPA FIRM** \_\_\_\_\_

**AUTHORIZED SIGNER NAME (PLEASE PRINT)** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_

**PAYROLL LOCATION DIVISION NAME** \_\_\_\_\_

**EMPLOYER, PLAN SPONSOR, OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION**

An authorized employer or plan sponsor representative must sign and date this section. If either is missing, this loan request will not be processed.

This loan has been approved and I have read and agree to the terms and conditions of the requested loan and certify that all the information stated above is true and complete and that the requested loan is in accordance with the terms of the plan document and the Internal Revenue Code. I further understand that CalSTRS may rely conclusively on these certifications in processing the requested loan above and that, in the case of any conflicting information, CalSTRS is entitled to rely exclusively on the information contained in this loan request.

**AUTHORIZED SIGNER NAME (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_