Loan Application & Agreement - 457(b)

Mail Address: Retirement Plan Service Center Hartford Life Insurance Company PO Box 1583, Hartford, CT 06144-1583 Overnight Mail Address: Retirement Plan Service Center Hartford Life Insurance Company 1 Griffin Road North, Windsor, CT 06095-1512



Group Number:	Plan Name:	Social Security Number:
060002 Employee Name: Last, First, M.I.	Contra Costa Cou	ity
Address: City, State, Zip		
Address. City, State, Zip		
Home Phone:		Nork Phone/Ext.:
request a loan, or have an outstar \$o The Maximum Amount Available loan proceeds are to be issued from	AN: I hereby request to borrow from moding loan, if my benefit is in pay statur, if less is available, the Maximum Ame (\$1,000 minimum). The Maximum Anom the plan. The Maximum Amount A	
from my Participant's account und		payable will include a processing fee of \$50 to be deducted amount borrowed. Additionally, a maintenance fee of \$12.50 dar quarter.
		any Loan Fee will be withdrawn from my account under the Plan Account) and from each contribution source on a pro-rata basis.
	to repay this loan to my account thround 3 Years	· · ·
which a payment is due in accorda period following the date this loan I understand that loan repaymen investment election on file with the B. To be completed by the Pla	ance with the terms of the Promissory I is entered into or as soon as administ its will be invested in the investment e Plan Administrator (except a Self Dir	
Payroll Frequency Repayments	will be made 🛚 Monthly	
the outstanding amount of this loa employment or termination of the considered due and payable. My before any distribution to me or my a Promissory Note. I understand a or amended except in writing and representing this loan shall constit Hartford Life unsigned to cancel the I authorize the Contra Costa Costa	an without penalty. Partial prepayments of Plan prior to the full repayment of the vested account balance will be reductly beneficiary, whichever is applicable. It and agree that none of the terms or provided duly executed by me and the Plan it to the my agreement to all terms of the his loan, I authorize Hartford Life to decunty Auditor-Controller to make a pay	n page 2 of this application. I understand that I may fully repay are not allowed. Upon my retirement, death or termination of the loan, the outstanding principal amount of the loan will be ad by the amount of outstanding principal balance of the loan understand and agree that with the loan proceeds I will receive isions of this Promissory Note may be waived, altered, modified Trustees. I further understand my endorsement of the check Promissory Note and Loan Agreement. If I return the check to uct a reprocessing fee of \$75 from my account under the Plan. roll deduction from my monthly earnings any amount due in Loan provisions and administrative procedures.
Employee's Signature		Date
Please forward this application to	your Plan Administrator for final review	and approval.
as applicable, that I have considered Participant. I hereby direct Hartford	ed any other loan made from any other I Life to issue the loan proceeds accom	participant is true and accurate to the best of my knowledge and, plan of the employer in determining the amount available to the panied by a Promissory Note to the Participant based upon the ssed as of the date it is received in good order at Hartford Life.
Plan Administrator's Signature		Date

Loan Agreement

I agree that the following terms will apply to the Loan issued to me by the Plan.

<u>Terms of the Plan</u>: This Loan Agreement and the Loan being made to me are subject to the terms of the Plan as now in effect or later amended, including any rules made by the Plan Administrator under the authority of the Plan. The pertinent provisions and defined terms of the Plan and rules of the Plan Administrator are considered in the terms of this Agreement.

Effect of Borrowing - Limitations: I agree that the amount borrowed will be advanced from my investment accounts maintained under the Plan on my behalf in accordance with the Plan provisions. I understand that the maximum Loan amount is limited to the lesser of 50% of my vested account balance under the Plan or \$50,000 reduced by the highest outstanding balance on any loan(s) made to me from this Plan (or any other Plan sponsored by the Employer) during the twelve months period ending on the date this Loan is made.

<u>Effect of Repayment</u>: As I repay this Loan, the repayment (both principal and interest) will be credited to my Plan account and invested in accordance with the terms of the Plan. *I will be provided with a complete repayment schedule for this Loan*.

<u>Loan Terms</u>: The basic terms of the Loan are specified in the Promissory Note provided with the loan proceeds. I promise to repay this Loan in the manner and to the extent required by this Agreement and rules of the Plan Administrator.

Repayment of Loan: During any period I am employed by the Employer, I hereby authorize the Plan Administrator to make a payroll deduction from my salary, or amounts paid in lieu thereof, the repayment amounts set forth in the Promissory Note. <u>During any period of time when I am not receiving salary or amounts paid in lieu thereof (such as certain periods of layoff or leaves of absence) or my salary or other payment is insufficient to make the required repayment, I agree to make the scheduled repayment when due (or any deficiency therein) by check to The Hartford. Checks may be mailed to: The Hartford, Retirement Plan Service Center, P.O. Box 1583, Hartford, CT 06144-1583.</u>

Event of Default: If any of the following events occur before this Loan plus interest is repaid in full, there shall be an event of default: (1) termination of my employment for any reason (including death); (2) a distribution is required to be made under a qualified domestic relations order affecting my account and the distribution would exceed my interest in the Plan less the amount of the Loan outstanding plus accrued but unpaid interest; or (3) my failure to make the scheduled Loan repayment by the end of the calendar quarter following the calendar quarter in which the payment was due. Upon the event of default, I acknowledge that the entire outstanding balance of the Loan plus any accrued interest shall be considered immediately due and payable and interest will continue to accrue until the earlier of the date I repay the Loan in full or the date on which foreclosure occurs. If payment is not made by the end of the calendar quarter following the calendar quarter in which the default event occurred, the Loan plus any accrued interest will be in default and will be reported as taxable to the extent permitted by law and will be foreclosed upon at such time as the law permits.

<u>Early and Late Repayment</u>: I have the right to repay at the end of the any month in full (but not in part) the outstanding principal balance of the Loan plus accrued but unpaid interest to the date of such repayment.

<u>Security Interest</u>: I understand that the Loan shall be secured by a lien on my interest in the Plan equal to the value of the outstanding principal plus interest. Accordingly, I grant a security interest in, and a general lien upon, the vested balance of my Plan account as security for the payment when due of the principal and interest on the Loan.

<u>Defined Terms</u>: "Plan" means the Eligible Deferred Compensation Plan funded by a Hartford Life Insurance Company investment product identified by the Group No. on this document. "Employer" means the Plan's sponsor. The term "Loan," "Plan Administrator," and "Trustee(s)" have the meaning given such terms under the Plan.