



## PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

**By Mail:**

ABA Retirement Funds Program  
P.O. Box 5142  
Boston, MA 02206-5142

**By Overnight Delivery:**

ABA Retirement Funds Program  
30 Braintree Hill Office Park  
Braintree, MA 02184

**By Email:** [ProgramForms@voyaplans.com](mailto:ProgramForms@voyaplans.com)

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via e-mail by **1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not “cc” any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.

### FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant’s account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received “not in good order,” which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

**Note:** after your email is received by the transaction processing group, you’ll receive an auto reply with a “Task” confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call **800.752.6313**. Participants should call **800.348.2272**.



# LOAN DEFAULT FORM

ABA Retirement Funds Program ("the Program")  
P.O. Box 5142 • Boston, MA 02206-5142

Customer Contact Center: 800.348.2272  
Website: www.abaretirement.com

An Authorized Plan Representative completes this form to advise the Program that a participant has defaulted on a loan. If the participant has more than one loan in default, list each loan to be defaulted in section 3. The Authorized Plan Representative completes all sections, signs section 4, and mails the original, signed form to the address shown above.

## 1. EMPLOYER INFORMATION

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Business Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 2. PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Participant's Primary Residence\*: \_\_\_\_\_

(MAXIMUM OF 30 CHARACTERS EACH LINE)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Applicable tax withholding will be based on this address.

## 3. LOAN DEFAULT INFORMATION

Loan Number: \_\_\_\_\_ Loan Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Original Amount of Loan: \$ \_\_\_\_\_

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Has the participant terminated employment with the firm?  Yes  No Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, this Loan Default Form (Form 6) should not need to be completed if:

- The participant is taking a full distribution, or
- If the employer wants to cash out a participant's account that has a vested balance of \$1,000 or less.

At the time of distribution, the loan will be discharged and the participant will receive a Form 1099-R, which will indicate the taxable portion of the outstanding loan balance.

## 4. LOAN DEFAULT AUTHORIZATION

We have received no further payments after having notified the above-named participant of the delinquent status of the loan and the permitted cure period has expired. This form shall serve as notice that the participant referenced above has not complied with the terms of the Promissory Note issued for the loan referenced above and the loan is in default. The Program is authorized and hereby instructed to treat the outstanding loan balance, including applicable accrued interest, as a taxable distribution.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE