



# Loan Payment Change Request

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|           |            |       |                        |
|-----------|------------|-------|------------------------|
| _____     | _____      | _____ | _____                  |
| Last Name | First Name | MI    | Social Security Number |

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## Military Leave of Absence

To avoid default due to a military leave of absence, loan repayments must resume upon completion of military service. The frequency and amount of each payment cannot be less than the amounts under the terms of the original loan, and the loan must be repaid in full by the end of the period which equals the original loan term plus the period of military service. Interest continues to accrue during your leave of absence. If the interest rate on your loan is greater than 6%, it will be reduced to 6% during your military leave of absence.

### Complete this portion when the participant begins a military leave of absence:

Military Leave of Absence Start Date \_\_\_\_\_ Deduction Stop Date \_\_\_\_\_

### Complete this portion when the participant returns from a military leave of absence:

Military Leave of Absence Stop Date \_\_\_\_\_

### Choose one option:

- Leave loan repayment amount as is. The participant will pay the missed loan payments in one sum prior to the maturity date.
- Reamortize the missed loan payments over the remaining term of the loan.
- Reamortize the missed loan payments by extending the maturity date by the length of the military leave of absence.

**Note:** If applicable, a new amortization schedule will be sent to the participant and a new payment amount will be sent to the Payroll Department.

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## Required Signatures

My signature acknowledges that I have read, understand and agree to the option(s) I elected above.

\_\_\_\_\_  
Participant Signature Date

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

This request is in compliance with Plan provisions.

\_\_\_\_\_  
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

**Participant** forward to Plan Administrator

**Plan Administrator** forward to Service Provider at:

Empower

PO Box 56025

Boston, MA 02205-6025

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone#:** 1-888-411-4015

**Website:** empowermyretirement.com

We will not accept hand delivered forms at Express Mail addresses.

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|-----------|------------|----|------------------------|

## Payroll Center Information

- 1 Semi Monthly
- 2 Bi Weekly

## Payroll Center Information

9999 Unassigned

## Division Information

- 1 Accounting ADQ
- 2 Accounting - Intl & CS
- 3 Accounting - Reporting
- 4 Administration
- 5 Brand
- 6 Business Dev - Asia
- 7 Communications
- 8 Concept Support Services
- 9 Corp Controller
- 10 Creative Services
- 11 Dairy Division
- 12 Design/Arch/Construction
- 13 Development
- 14 Distribution
- 15 Equipment & Supply
- 16 Executive
- 17 Finance
- 18 Financial Services
- 19 Franchise Dev & Design
- 20 Franchise Development
- 21 Human Resources
- 22 Information Services
- 23 International
- 24 International Development
- 25 International Marketing
- 26 International Operations

## Division Information

- 27 International R & D
- 28 Legal/Franchise Services
- 29 Logistics
- 30 Marketing
- 31 Marketing - Field
- 32 Marketing - Food
- 33 Marketing-Prod/Brand/Conc
- 34 Marketing - Treats
- 35 Operations
- 36 Operations - Asia
- 37 R & D FSQR
- 38 R & D Product Development
- 39 R & D Quality Assurance
- 40 Research & Development
- 41 Restaurant Analysis
- 42 Supply Chain
- 43 Supply Chain Services
- 44 Support Groups
- 45 Tax
- 46 Training
- 47 US Business
- 48 US Marketing
- 49 US Operations
- 50 USCI
- 51 International SC
- 9999 Unassigned

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