



60 East South Temple • P.O. Box 45530
 Salt Lake City, Utah 84145
 Telephone 1-801-578-6141 • Toll free 1-800-777-3622
 Fax 1-801-578-5904 • Web site: www.dmba.com

DMBA USE ONLY

Company Code	
Term. Date	

**TERMINATED/RETIRED EMPLOYEE WITH OUTSTANDING LOAN
 LETTER OF INTENT
 For loans Started Prior to December 1, 2004**

NAME			SOCIAL SECURITY NUMBER		DESERET MUTUAL IDENTIFICATION NUMBER
MAILING ADDRESS			HOME PHONE NUMBER		TERMINATION DATE
CITY	STATE	ZIP	COUNTRY	EMPLOYER/FORMER EMPLOYER	

I have terminated or retired from the Employer listed above. I have one or more outstanding loans from my Savings Plan(s) with Deseret Mutual. I have chosen the following option in regards to my outstanding loan(s):

- Repay the entire outstanding loan balance(s) by sending a cashier's check or money order for the payoff amount(s) to Deseret Mutual. I have called Deseret Mutual for the payoff amount(s) and my total payment is enclosed. I understand the check needs to be received by Deseret Mutual within 60 days of my termination/retirement day.
- Arrange to mail monthly loan payments to Deseret Mutual.* Payment forms and loan payment amounts will be mailed to me from Deseret Mutual upon receipt of this form. I understand that payments must be made on a monthly basis. If a loan payment is missed and is not made up within 90 days from the end of the month when it was due, my unpaid loan balance(s) will be treated as a taxable distribution without further notification from Deseret Mutual. I will be responsible for all taxes and possible tax penalties.
- Elect to make no further payments after termination/retirement. By making this election, I realize that the unpaid balance(s) will be treated as a taxable distribution. I will be responsible for all taxes and possible tax penalties.

Please apply my choice above as follows:

- Apply my choice to all of my outstanding loans
- Apply my choice to loan(s) # _____

 PARTICIPANT'S SIGNATURE

 DATE

*NOTE: If you choose to mail monthly payments to Deseret Mutual, you have the additional option of having those payments taken automatically from your bank account. If you would like to select this option, please check the box below, in addition to the box above:

- Please send me the Automatic Payment Authorization Agreement.

If you have any questions about completing this form, please call us at one of the numbers below.

MAIL ALL PAYMENTS DIRECTLY TO :
 DESERET MUTUAL
 FINANCIAL BENEFITS DIVISION
 P.O. BOX 45530
 SALT LAKE CITY, UTAH 84145

Telephone 1-801-578-5600

Toll Free 1-801-777-3622

Fax 1-801-578-5904