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**CORONAVIRUS RELATED DISTRIBUTION APPLICATION FORM**

**Participant Information**

Name

Address

Last 4 digits of Social Security Number <R02>

Our Planprovides that amounts may be withdrawn if you are a Qualifying Individual. Such amounts are not subject to the 10% early withdrawal penalty tax and may be repaid into the Plan within three years of the date of distribution.

**1. Withdrawal amount:**

I hereby elect to withdraw the following amount (specify the amount to be withdrawn from the Plan): $

*(Amount withdrawn cannot exceed $100,000 from all plans maintained by the Employer and cannot exceed your vested account balance. You may specify the specific accounts (such as elective deferrals, or rollover contributions, from which to take the distribution. If you do not specify, the Plan Administrator will select.)*. [[1]](#endnote-1)

**2. Explanation of Qualified Annuity Benefit.** Unless you elect otherwise the Plan must pay your distributionin the form of a Qualified Annuity Benefit. In order to receive an in‑service distribution from the Plan, you (and your spouse, if you are married *(for at least one year*) must waive the Qualified Annuity Benefit for that portion of your vested account balance that is being distributed. However, this waiver does not affect the payment of the Qualified Annuity Benefit for the remaining portion of your vested account balance. Each withdrawal you make from the Plan reduces the amount you could have available, after you separate from service, to provide a Qualified Annuity Benefit.[[2]](#endnote-2)

**3. Representations.** I understand: <R03>

1. My election is irrevocable.
2. The Plan will hold the portion of my account balance which I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan.
3. I should consult my own tax advisor with respect to the proper method of reporting and paying any taxes that may result from this distribution I receive from the Plan. See Tax Withholding below for further details.

d. My election serves as a waiver of the Qualified Annuity Benefit only for the portion of my account balance I am withdrawing.[[3]](#endnote-3)

**4. Waiver of minimum notice period.** I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30‑day notice period during which I may consent to a distribution from the Plan.

**5. Forms.** We have also provided you the TAX NOTICE (ROLLOVER OPTIONS). This notice explains the income tax withholding rules if you elect to receive payment from the Plan.

**6. Fees.** Please contact the Administrator to obtain additional information on the fees and expenses which apply to your distribution.

**7. Certification.** I hereby certify that I am a Qualifying Individual for purposes of this coronavirus-related distribution because (check one):

* I, my spouse, or my dependent has been diagnosed for Coronavirus by a test approved by the Centers for Disease Control and Prevention,
* I have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having work hours reduced due to Coronavirus,
* I have experienced adverse financial consequences as a result of being unable to work due to lack of childcare due to Coronavirus, or
* I have experienced adverse financial consequences as a result of closing or reducing hours of a business I own or operate due to Coronavirus.

“Coronavirus” means either the virus SARS–CoV–2 or coronavirus disease 2019 (COVID–19).

**8. Tax Withholding.** This distribution is taxable over a three-year period. The distribution should be reported on your tax return beginning with your 2020 tax return. The distribution you receive will be subject to federal income tax withholding unless you elect (if permitted by law) not to have withholding apply. Withholding will only apply to the portion of your benefit that is included in your income and subject to federal income tax. As a general rule, 10% is withheld from nonperiodic payments; and withholding on periodic payments is similar to the rules that apply to wage withholding. You are responsible for any state tax withholding. Please see your tax advisor for any tax related questions related to this distribution.

If you do not want us to withhold amounts from this distribution, then you are responsible for any taxes or penalties that may result.

\_\_ I do not want to have withholding taken from my distribution.

**9. Acknowledgement/Authorization**

Date of execution:

Signature of Administrator

Signature of Participant

**10. Consent of Spouse[[4]](#endnote-4)**

I, the undersigned spouse of the Participant hereby consent to the waiver of the Qualified Annuity Benefit and to the timing and form of distribution elected on this form. I have received a written explanation of the Qualified Annuity Benefit, my right not to consent to this waiver election, the waiver election period, and the financial effect of the election not to receive benefits in the Qualified Annuity Benefit form. I understand my consent is irrevocable unless my spouse revokes the waiver election. I understand any change in this form of benefit election is subject to my consent, unless my spouse elects to receive the Qualified Annuity Benefit.

Date of execution:

Print Name of Participant's Spouse Signature of Participant's Spouse

**NOTE:** In order to consent, the signature must be witnessed by either a Plan Representative or a Notary.

**Witness by Plan Representative:**

Signature of spouse witnessed this date: .

Print Name of Plan Representative Signature of Plan Representative

**OR**

**Witness by Notary:**

STATE OF

COUNTY OF

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

(SEAL) Notary Public

My Commission expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORONAVIRUS RELATED APPLICATION FOR PARTICIPANT LOAN**

**Participant Information**

Name

Address

Last 4 digits of Social Security Number

I hereby apply for a loan from the Plan. In support of this loan application, I attach such information which the Administrator may require to determine whether I qualify for the loan. I also authorize the Administrator to secure any credit reports to determine my creditworthiness and ability to repay the loan. <R02>

**1.** **Loan amount.** The amount of the loan is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(maximum $100,000 or 100% of my account)[[5]](#endnote-5) for a period of \_\_\_\_\_\_\_\_\_\_ months.

**2.** **Marital status.** I am: (check one) (  ) married (  ) not married *[( ) married for less than one year]*

**3. Representations.** I understand the Administrator will make any loan in reliance on the statements on this APPLICATION FOR PARTICIPANT LOAN which I certify are correct and complete. If any statement proves false, then the Plan may declare my indebtedness immediately due.

**4. Certification.** I hereby certify that I am a Qualifying Individual for purposes of this coronavirus-related loan because (check one):

* I, my spouse, or my dependent has been diagnosed for Coronavirus by a test approved by the Centers for Disease Control and Prevention,
* I have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having work hours reduced due to Coronavirus,
* I have experienced adverse financial consequences as a result of being unable to work due to lack of childcare due to Coronavirus, or
* I have experienced adverse financial consequences as a result of closing or reducing hours of a business I own or operate due to Coronavirus.

“Coronavirus” means either the virus SARS–CoV–2 or coronavirus disease 2019 (COVID–19).

**5.** **Fees.** If you apply for a loan, you will be charged for Plan expenses associated with the loan. *[The application fee (including processing and document preparation) is $\_\_\_\_]* *[The annual maintenance fee is $\_\_\_\_\_]* All fees are subject to change.

**6. Acknowledgement/Authorization**

In applying for this loan, I acknowledge that I have read the section of the Summary Plan Description governing Plan loans and have been furnished with a copy of the Participant Loan Program established by the Plan.

I hereby authorize the Administrator to verify the statements in this application and to obtain any information the Plan or its authorized representative may require in connection with this application.

Date of execution:

Signature of Administrator

Signature of Participant

1. The amount should be adjusted to match the amendment amount. [↑](#endnote-ref-1)
2. Use only for plan offering Joint and Survivor Annuities [↑](#endnote-ref-2)
3. Use only for plan offering Joint and Survivor Annuities [↑](#endnote-ref-3)
4. Use only for plan offering Joint and Survivor Annuities [↑](#endnote-ref-4)
5. The amount should be adjusted to match the amendment amount. [↑](#endnote-ref-5)