



COVID – 19 WITHDRAWAL FORM

Joint Annuity Fund of Local Union No. 164, I.B.E.W.

- This form authorizes COVID-19 withdrawals from the Plan. This form is not valid without your signature and spousal consent (if applicable).
You are limited to withdraw from your account up to the amount not to exceed \$12,500 per month and the aggregate amount of \$100,000 during the period of April 1, 2020 through December 31st, 2020.
This application is for a single monthly distribution. To receive future monthly distributions, you will be required to submit an application for each distribution.
The minimum COVID-19 withdrawal amount is \$1,000.
You must be a participant in the plan for 1 year.
No more than eight COVID-19 Withdrawals permitted from April 1st, 2020 through December 31st, 2020 .
Distributions hereunder shall not be subject to penalties, surcharges or excise taxes otherwise applicable to early distributions of benefits to the extent permitted by law. You may wish to consult your tax or financial advisor.
Please return the completed form to: Joint Boards of Local Union No.164, c/o Fabian & Bryn, LLC, 425 Eagle Rock Ave ,Ste. 105, Roseland, NJ 07068

1 PARTICIPANT INFORMATION (Please print clearly)

Form fields for participant information including Social Security Number, Date of Birth, Last Name, First Name, MI, Street, APT #, L.U. NUMBER, City, State, ZIP CODE, CARD NUMBER, Home Telephone Number, and Work Telephone Number.

2 REASON FOR DISTRIBUTION

I hereby certify that I am experiencing the following COVID – 19 Hardships (please check all applicable spaces):

- I have been diagnosed with COVID-19 (or SARS-COV-2) with a Center for Disease Control Test;
My spouse and/or dependent has been diagnosed with COVID- 19 (or SARs-COV2) with a Center for Disease Control test;
The COV- 19 outbreak has caused me to experience advance financial consequences because I have been quarantined, furloughed, or laid off, or my working hours have been reduced;
I am unable to work due to lack of child care caused by the COV- 19 outbreak

3 AMOUNT OF DISTRIBUTION

- Specific dollar amount \$_____ (minimum of \$1,000)
- If specified amount is not available, you will receive the maximum amount available.

4 FEDERAL INCOME TAX WITHHOLDING ELECTION

Depending on your tax bracket, you may owe estimated tax if your federal withholding is not sufficient to satisfy IRS rules. Please check one of the following elections:

- Do not withhold tax.
- Withhold _____% federal income tax from my hardship.
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5 CERTIFICATION

I hereby certify to the Board of Trustees that I am not legally married. _____ [initial, if true]

I hereby certify to the Board of Trustees that I am legally married. _____ [initial, if true] and that my spouse's name is _____

I understand that if I am married, my spouse must provide written consent before this request for financial assistance will be processed. The following Spousal Consent must be notarized or witnessed by Plan Administration to be effective. You should read the attached "Special Tax Notice Regarding Plan Payments." It describes federal income tax withholding rules and other special tax rules. Depending on your tax bracket, you may owe estimated tax if your federal withholding is not sufficient to satisfy IRS rules. I also understand that by signing this Form, I am accepting any liability the Plan may incur which results from any misrepresentation I have made, and I hereby accept and assume such liability:

Dated: _____

Participant's Signature _____

6 SPOUSE'S CONSENT TO PARTICIPANT'S ELECTION

I, _____ (name of participant's spouse), am the spouse of _____ (name of participant).

I hereby acknowledge that I have reviewed and consent to the distribution requested by my spouse on the COV19 Withdrawal Form. I understand that by consenting to this distribution of \$_____, I am forfeiting the right to receive benefit payments that I would otherwise receive upon my spouse's death. I further understand that I may not revoke this consent unless my spouse changes the form of distribution toof which I have consented herein.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily. Date: _____

Spouse's Signature: _____

Spouse must sign before a notary public. Complete Acknowledgement below:

Acknowledgement Before Notary Public:

State of: _____

County of: _____

Before me, a Notary Public in and for said County and State, personally appeared _____ who acknowledged the execution of the above Spouse's Consent to Participant's Election, and who, having been duly sworn, stated that any representations contained therein are true and that he (or she) executed such Consent as his (or her) free and voluntary act.

Witness my hand and Notarial Seal this _____ day of _____, 20

(Signature): _____ (Printed): _____

My Commission expires: _____ Resident of: _____ County, _____

7 FOR FUND OFFICE USE ONLY

The application is hereby approved as requested.

BOARD OF TRUSTEES

Dated: _____

By: _____

If this distribution request is for COBRA premium payments or Unemployed Member monthly installments, please indicate the month the installments should commence. Month of: _____