

II. COVID 19 HARDSHIP CERTIFICATION: 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-COV-2) with a Center for Disease Control test;
- The COVID 19 outbreak has caused me to experience adverse 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 COVID-19 outbreak.

III. APPLICATION FOR COVID 19 RELIEF: I am applying for the following COVID 19 Hardship Relief:

- I would like a COVID 19 Hardship Withdrawal in the amount indicated: \$ _____**.00**
- I have an Annuity Plan loan and I would like the payments that are due between now and 12/31/2020 to be deferred for one year. I would like my repayment schedule and term to be adjusted to reflect those deferrals and the interest that will accrue during the deferral period.

The statements made by me are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for Plan Benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I acknowledge that I have read the Articles and/or Sections of the Plan pertaining to my application as well as the April 20, 2020 Summary of Material Modification that describes the COVID 19 Relief for which I am applying.

If you are married, your spouse must provide written consent to the withdrawal on your application form.

Name: _____ Date: _____
(PLEASE PRINT)

Certification of Employee– PLEASE SIGN DATE

**THIS SECTION IS FOR MARRIED MEMBERS ONLY
SPOUSAL CONSENT FORM**

III Spousal Consent Form

I, _____, am the spouse of _____.
NAME OF SPOUSE NAME OF MEMBER

I agree that my spouse is applying to receive a hardship distribution as a lump sum distribution with all applicable tax consequences.

I understand fully the consequences of this action on my part and the loss of benefits that I may experience if I sign this consent.

I am signing this agreement voluntarily and I understand that my agreement is irrevocable. I also understand that, if I am unable to access a notary or sign in person at the Fund Office, I may contact the Fund Office to request that the Fund Office contact me at the number below to verify my consent:

SPOUSE'S SIGNATURE

Telephone Number

DATE

STATE OF _____

COUNTY OF _____

On the _____ day of _____, 2020 before me came _____ and _____ (if applicable) to me known to be the person(s) described in and who executed the foregoing statement and they duly acknowledged to me that they executed the same.

Notary Public
(if by mail)

Fund Representative
(if signed at Fund Office or verified electronically by Fund representative)

SECTION 4 - Additional tax information:

IMPORTANT NOTICE FOR ALL EMPLOYEES

FOR RESIDENTS OF ALL STATES:

This is to advise you that for this distribution, the IRS does NOT require a minimum federal income tax withholding of 20%. In addition, although the distribution ultimately is subject to income taxation, you may elect to have the entire distribution paid to you and NOT have taxes withheld, especially if you anticipate utilizing the tax relief described in the Summary of Material Modification.

If you wish to have federal income tax withheld, please enter the total percentage to be withheld: _____%. Any withholding will be sent to the Federal IRS on your behalf. At the end of the tax year, you will receive a form 1099-R in order to file this distribution with your taxes.

For more information or clarification regarding tax rules, please contact your tax consultant.

Signature: _____ Date: _____
REQUIRED if you choose to have federal taxes withheld

FOR NEW JERSEY RESIDENTS ONLY¹:

Choose One:

- _____ 1. I elect not to have New Jersey Income tax withheld.
- _____ 2. I elect to have New Jersey Income Tax withheld (2.2% is automatically withheld if selected). If you wish to have more than 2.2%, please enter total percentage to be withheld: _____

Signature: _____ Date: _____

¹If you are not a New Jersey resident or elect not to have state tax withheld, you may be responsible for any state taxes when filing taxes for the year of the distribution.