

IMPORTANT INFORMATION

The Coronavirus Aid, Relief, and Economic Security Act (H.R. 748), a.k.a. the CARES Act, was enacted on March 27, 2020. You may receive a Coronavirus-Related Distribution (CRD) if you satisfy one of the following criteria:

- 1) You, your spouse, or a dependent (as defined in Code section 152) are diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention.
- 2) You, your spouse, or a member of your household have/has experienced adverse financial consequences as a result of being quarantined; being furloughed or laid off; or having work hours, pay, or self-employment income reduced; had a job offer rescinded or a new job's start date delayed due to such virus or disease; being unable to work due to lack of child care due to such virus or disease; closing or reducing hours of a business owned or operated by you due to such virus or disease; or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate). Note: a "member of the household" is someone who shares your principal residence.

If you satisfy one or more of the above criteria, the following conditions exist:

- The maximum amount you can request is the lesser of \$100,000 or the vested balance of your account. The \$100,000 limit is determined by aggregating all Coronavirus-Related Distributions from all Plans and IRAs in the 2020 tax year.
- Coronavirus-Related Distributions must be done by December 31, 2020. Your request must be submitted for processing in time for the payment to be completed by December 31, 2020. Submit your Coronavirus-Related Distribution form no later than December 4, 2020 to allow 2-3 days for Plan Sponsor approval and 15 business days for processing.
- A flat 10% federal income tax withholding will be deducted unless you choose not to have federal income tax withheld by completing the attached Form W-4P. You may also choose to have a federal income tax withholding greater than 10% deducted from your distribution by completing Form W-4P. You need not complete line 2 on the bottom of page 1 of Form W-4P or the allowance worksheet on pages 4 and 5. If you do not complete Form W-4P (name, social security number, address, line 1 or line 3, signature and date) a flat 10% federal income tax withholding will be deducted. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.
- You are exempt from the 10% (pre-59½) early withdrawal penalty on withdrawals up to \$100,000.
- You must include the distribution amount as taxable income. However, you can report it as income either in the year received or equally over a three-year period. In addition, part or all of this distribution can be repaid back into your Plan or to another Qualified Retirement Plan or IRA within three years of receiving the distribution. Amounts that are repaid are treated as trustee-to-trustee tax-free rollovers. Amounts repaid will not be subject to annual contribution limits. Participants who repay distributions can file an amended return to recover tax paid on income reported in earlier years. You may wish to consult with a professional tax advisor for information about this distribution's special tax treatment.

Instructions:

1) Complete each section of your application form as follows:

Section A – Please type or print all entries. All fields in this section must be completed in full (no redactions please).

Section B – Indicate your desired withdrawal amount: 1) Maximum available amount, 2) Partial withdrawal amount.

Section C – Indicate which Money Type(s) or Source(s) you would like distributed. Please complete a separate CRD form for each unique Money Type/ Source indicated in this section.

Section D – Check the box (required) to self-certify that you meet one of the following conditions: You, your spouse, or a dependent (as defined in Code section 152) are diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention. You, your spouse, or a member of your household have/has experienced adverse financial consequences as a result of being quarantined; being furloughed or laid off; or having work hours, pay, or self-employment income reduced; had a job offer rescinded or a new job's start date delayed due to such virus or disease; being unable to work due to lack of child care due to such virus or disease; closing or reducing hours of a business owned or operated by you due to such virus or disease; or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate). Note: a "member of the household" is someone who shares your principal residence; including partner or significant other, roommate, relative, or anyone else with whom you share a home.

Section E – Indicate your payee and mailing details. All payments will be made by check and sent using USPS First Class Mail. You have the option to have your check sent via UPS/FedEx/Overnight (cannot send to a PO Box) for an additional fee. Electronic fund transfers such as wire, direct deposit, or ACH are not available. The Plan will rely solely on the payee and mailing instructions provided by you and is not responsible for transmittal errors, which may lead to a rejected transmittal by the receiving financial institution or deposits being credited to an incorrect account. Please be sure to verify your payee and mailing details with the receiving financial institution, and if available, attach transmittal

instructions supplied to you by the receiving financial institution to your completed election form. Additional fees may apply for rejected, returned, or reissued transmittals. Your distribution and payment elections are irrevocable.

Section F – The default federal income tax withholding for a CRD is 10%. You may elect to opt-out of federal tax withholdings altogether by checking the box in this section of the form AND completing the attached Form W-4P. Alternatively, you may elect to have a federal income tax withholding greater than 10% deducted from your distribution by checking the box in this section of the form AND completing Form W-4P. To have the default 10% federal income tax withholding, do not check the box in this section of the form or complete Form W-4P. If you elect an alternate tax withholding on Form W-4P, do not complete line 2 on the bottom of page 1 of Form W-4P or the allowance worksheet on pages 4 and 5. If you check the box in this section on the form but do not complete Form W-4P in full (name, Social Security number, address, line 1 or line 3, signature, and date) a flat 10% federal income tax withholding will be deducted.

Please print your name, sign and date the form. Do not submit your completed application form to your (former) Employer. See section 2 and 3 below for instructions for submitting your form for processing.

2) Attach to your application a copy of one of the following forms of photo ID (must be valid or recently expired):

(Cell phone/tablet images that show the entire ID clearly, as well as black and white photocopies, are accepted)

- Driver's license or photo ID card issued by federal, state or local government agency
- U.S. Passport, U.S. Passport Card, or Foreign Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- College/University ID card that contains a photograph
- U.S. Military card or U.S. Coast Guard Merchant Mariner Card
- Native American tribal document that contains a photograph
- Employment Authorization Document that contains a photograph (Form I-766)

3) Return the completed (and signed) application form to RPG Consultants for processing. Do not send your form directly to your (former) Employer. Our office will obtain your (former) Employer's authorization and signature on a separate document. Partially completed forms will be rejected and returned to sender. You may upload your completed application form securely to our website using our secure file transfer portal at <https://files.rpgconsultants.com/filedrop/Support> or visit www.rpgconsultants.com, click on the "Secure File Upload" link from the Resources > Client Resources menu and select the "Support" department. On the file upload page, enter your email address, Plan name and your full name in the subject line, enter an optional message in the body, and attach your application form and copy of picture ID (see section 2 above). Be sure to click the "Send" button at the bottom of the screen and wait for appearance of the "**Files Sent, Thank you!**" on-screen confirmation message (shown below) before closing the web page. If you prefer to send your application form by e-mail, please send to support@rpgconsultants.com. If you prefer to send by fax, please send to 1 (212) 947-4866.

Files Sent, Thank you!

Important Information: You have the right to elect not to have withholding apply to any payment or distribution and may do so by completing the attached Form W-4P. You have the right to revoke such an election at any time. Your election remains effective until revoked. Be advised that penalties may be incurred under the estimated tax payment rules if the payments of estimated tax are not adequate and sufficient tax is not withheld from the payment or distribution.

Our CRD processing timeline is 15 business days. Please allow an additional 2-3 business days for Plan Sponsor approval. Processing fees apply. A Form 1099-R tax document will be issued and mailed to you at the end of January of the following year. We encourage you to consult an accountant or tax professional for further information about this distribution's special tax treatment.



CORONAVIRUS-RELATED DISTRIBUTION (CRD) FORM

Section A – Personal Information

Plan Name:	
Participant Name:	
Employment status:	
Date of above status:	
Address:	
Apt/Suite:	
City, State, Zip:	

Social Security No.:	
Date of Birth:	
Date of Hire:	
E-mail Address:	
Phone No.:	
Current Age:	
Account Balance*:	

Section B – Withdrawal Amount

<input type="checkbox"/> Maximum available amount
<input type="checkbox"/> Partial withdrawal in the amount of: \$

Section C – Source/ Money Type | see (+) below

<input type="checkbox"/> Tax-Deferred Assets	<input type="checkbox"/> Roth Assets
<input type="checkbox"/> After-Tax Contributions	<input type="checkbox"/> After-Tax Earnings

Section D – Self-Certification (box below must be checked)

I certify that I meet one of the following conditions: You, your spouse, or a dependent (as defined in Code section 152) are diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention. You, your spouse, or a member of your household have/has experienced adverse financial consequences as a result of being quarantined; being furloughed or laid off; or having work hours, pay, or self-employment income reduced; had a job offer rescinded or a new job’s start date delayed due to such virus or disease; being unable to work due to lack of child care due to such virus or disease; closing or reducing hours of a business owned or operated by you due to such virus or disease; or other factors as determined by the Secretary of the Treasury (or the Secretary’s delegate). Note: a “member of the household” is someone who shares your principal residence.

Section E – Payment Elections

Make check payable to:		Account # (‡):	
Mail check to following address:			
Optional (additional fee applies):	<input type="checkbox"/> Check this box to have your check sent via UPS/FedEx/Overnight (no PO box)		

‡ If depositing your check in a checking account, please provide your account number and attach documentation demonstrating your ownership of the destination account. Acceptable forms of supporting documentation include recent statements, void check, or deposit slip.

Section F – Tax Withholdings

A flat 10% federal income tax withholding will be deducted unless you choose not to have federal income tax withheld by checking the box below AND completing the attached Form W-4P. You may also choose to have a federal income tax withholding greater than 10% deducted from your distribution by checking the box below AND completing the attached Form W-4P. To have the default 10% federal income tax withholding, do not check the box below or complete Form W-4P. If you elect alternate tax withholdings on Form W-4P, do not complete line 2 on the bottom of page 1 or the allowance worksheet on pages 4 and 5. If you check the box below but do not complete Form W-4P in full (name, social security number, address, line 1 or line 3, signature, and date) a flat 10% federal income tax withholding will be deducted.

Check this box and complete Form W-4P if you wish to have an alternate federal income tax withholding other than the default 10% rate.

* For security verification purposes, enter the exact account balance as of the date of your signature at the bottom of this form. Please call RPG Support if you require assistance.
 † Please complete a separate distribution election form for each unique Money Type/ Source indicated in section C above.

I acknowledge that a) a processing fee will apply, b) distribution requests are completed within thirty days of receipt, c) assets are liquidated pro-rata from all investments and from the above-requested sources/ money types, d) the Plan will rely solely on the information provided by me on this form and is not responsible for errors in my instructions.

_____ Date _____ Name (Please Print) _____ Signature _____