



CARES Act Self-Certification and Coronavirus-Related Distribution Request Form

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed, signed request.

This form is to be used for a distribution made available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone Type: Home Work Cell

2. CARES Act Self-Certification Qualifications

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I have been 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; or
2. I have a spouse or dependents diagnosed with such virus or disease by such a test; or
3. I have experienced adverse financial consequences stemming from such virus or disease as a result of:
 - Being quarantined, furloughed or laid off
 - Having reduced work hours
 - Being unable to work due to lack of child care
 - The closing or reduction of hours of a business I own or operate

3. Plan Type (select one)

401(k) 457(b) Part-time Seasonal Temporary (PST) Alternate Retirement Program (ARP)

4. Payment Amount

Amount: \$ _____ OR Total account balance (if less than \$25,000)

NOTES:

- An amount must be provided and cannot exceed the lesser of 100% of your balance or \$25,000 total across all plans.
- Savings Plus reserves the right to increase the limit.
- Coronavirus-Related Distributions cannot exceed \$100,000 from all California state-sponsored plans within the calendar year. Any distributions will need to be coordinated with your 403(b) and other state-sponsored 401(k) plans, if applicable.
- If you have a Personal Choice Retirement Account (PCRA), it may be necessary to transfer your PCRA funds into your core funds to satisfy the amount of your distribution request and maintain the required minimum in your core account.

5. Distribution Direction

NOTE: Skip this section for distribution requests from PST and ARP. This section does not apply to those plans.

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

1. Proportionately from all sources and funds (pro-rata) OR

2. From Specific Sources (indicate all that apply) AND/OR

3. From Specific Funds (please list funds)

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

6. Coronavirus-Related Distribution Details

Coronavirus-Related Distribution redeposit details

You have the option to redeposit this distribution back into your Plan account within three years. Amounts redeposited are treated as a rollover contribution to the Plan and are not subject to the annual contribution limit.

No early withdrawal penalty

Amounts distributed to qualified individuals under the CARES Act are not subject to the additional 10% early withdrawal penalty.

7. Important Coronavirus-Related Distribution Tax Information

A note about 401(k) and 457(b) Plan Roth Distributions

The earnings portion of the Roth distribution amount may or may not be taxable, depending on whether or not the distribution is qualified or non-qualified.

Coronavirus-Related Distribution tax details

You can spread the taxation of this distribution evenly over a three year period.

Federal Taxes

I understand this is a taxable distribution; however, I further understand that Savings Plus is not required to take a 20% mandatory withholding of federal income taxes on Coronavirus-Related Distributions. A 10% income tax will be withheld unless you elect otherwise in section 9.

Additional tax implications

You should consult with a tax professional to understand the impact this distribution may have on your estimated federal and state income tax payments, overall change in tax liability, and availability of funds to pay the taxes.

8. Payment Method (select one)

NOTE: Direct Deposit ACH is not available to financial institutions outside of the United States.

- Direct Deposit ACH on file:** Funds will be sent to the financial institution that Savings Plus has on file.
- Mail Check:** Your check will be mailed first class to your address on record with Savings Plus. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed. Effective October 1, 2020, an additional \$2.00 check fee will be deducted from your account.
- New Direct Deposit ACH Authorization:** Funds will be sent to the financial institution that you indicate below.

Financial Institution Information:

Financial Institution Name _____

Account Type: Checking Savings

If account type is not selected, checking will be used.

ACH Routing Number _____

Account Number _____

John Doe
123 Main Street Ph. (916) 555-1212
Hometown, CA 98765

Date _____ 1492

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, CA 98765

MEMO _____

⑆ 1234567891 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check Number

NOTES: ABA routing numbers on checks are often the same as ACH routing numbers. Contact your financial institution if you are unsure. Direct Deposit is only offered through members of the Automatic Clearing House (ACH). If ACH information is not completed correctly or no option is selected, a check will be sent to your address on file.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the routing and account numbers are correct? Yes No

I hereby authorize Savings Plus to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information which I supplied or due to an error from my financial institution in depositing funds to my account. This authorization will remain in effect until I submit a new **ACH Authorization Form** to Savings Plus to change or revoke this authorization, or until Savings Plus receives a written notice of cancellation from my financial institution.

9. Federal and State Income Tax Withholding Information

Federal income tax withholding: A 10% income tax will be withheld unless you elect otherwise below.

No withholding Other withholding amount: _____%

State income tax withholding: All California residents are subject to California state income tax withholding at the rate of 10% of federal withholding unless you request otherwise by completing a **California State Withholding Certificate for Pension or Annuity Payments (DE 4P)**.

10. Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account.

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

11. Signature

Any state or federal income taxes withheld will be reported on a form 1099-R.

I consent to a distribution as elected above. I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act outlined in section 2.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant Signature: _____ Date: _____

12. Contact Information

Voice Response System: (855) 616-4776, 24 hours a day, 7 days a week

Savings Plus Service Center: (855) 616-4776, 5 a.m. – 8 p.m. (PT), Monday–Friday
To speak with a customer service representative, press *0

TTY: (800) 848-0833

Website: savingsplusnow.com

13. Submission Instructions

You may submit your completed application by mail or fax; or you may be able to submit via DocuSign.

By Mail: Nationwide Retirement Solutions
PO Box 182797, Columbus, OH 43218-2797

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Service Center