

CORONAVIRUS-RELATED DISTRIBUTION FORM

Northwest Ohio Carpenters, Millwrights, and Pile Drivers Supplemental Pension Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.
ADDRESS	PHONE NUMBER
BIRTH DATE	SPOUSE'S BIRTH DATE

Under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), **you are eligible to request a distribution from the Plan through June 30, 2020 of 50% of your vested account balance up to a maximum of \$15,000** if you can certify that any of the following criteria are true:

- You, your spouse, or your dependent have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the CDC (Centers for Disease Control), or
- Due to the coronavirus, you suffered adverse financial consequences because of:
 - Being quarantined, furloughed, laid off, or having your work hours reduced, or
 - Your inability to work due to lack of childcare, or
 - The closing of, or reduction of hours with respect to, a business you own or operate, or
 - Other factors as provided in guidance issued by the Internal Revenue Service

Coronavirus-related distribution forms must be received at the Fund Office no later than June 30, 2020.

This special distribution is taxable but may be included in your income spread out evenly over a three-year period. Unless you elect otherwise, you will be subject to **10% withholding** for federal income taxes, plus any applicable state tax withholding. Regardless of your age, the 10% early withdrawal penalty does not apply, and the distribution may not be rolled over directly to an IRA or retirement plan. This coronavirus-related distribution may be paid back to the Plan in a single payment or multiple payments over three years.

I. AMOUNT OF WITHDRAWAL REQUEST

NOTE: You may obtain the dollar amount of your account available for withdrawal by contacting the Fund Office at 419-248-2401, option 7.

I request a distribution from my available vested account in the amount of:

\$_____ (fill in dollar amount)

- If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
- Any amount paid to you will be reduced by applicable taxes.

II. TAX WITHHOLDING ELECTION

You may elect to have (or not have) federal income tax withheld from your distribution by checking Option A or B below.

If you elect to have no amount withheld, or if you do not have enough federal income tax withheld, 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 should consult your tax advisor for more information.

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NOTE: If no election is made, 10% will automatically be withheld from your distribution for federal income tax, and the appropriate percentage will be withheld for state income tax (if applicable).

Elect One

- A.** I **elect** to have federal income tax, at the rate of 10%, and state income tax (if applicable) withheld from my coronavirus-related distribution. **Additional Amount to be Withheld (if any):**
\$ _____
- B.** I **do not elect** to have federal or state income tax withheld from my coronavirus-related distribution.

III. MARITAL STATUS

I am legally married YES NO

If you checked "Yes," your spouse must complete the attached **SPOUSAL CONSENT FORM**.

IV. SELF-CERTIFICATION AND SIGNATURE

I certify that I meet one or more of the following criteria:

- I, my spouse, or my dependent have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the CDC (Centers for Disease Control), or
- Due to the coronavirus, I have suffered adverse financial consequences because of:
 - Being quarantined, furloughed, laid off, or having my work hours reduced, or
 - My inability to work due to lack of childcare, or
 - The closing of, or reduction of hours with respect to, a business I own or operate, or
 - Other factors as provided in guidance issued by the Internal Revenue Service

I certify that this request, when combined with any other coronavirus-related distributions I have received from this plan or other plans and IRAs, does not exceed the \$15,000 limit.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I also understand that the payment amount may be less than the specific dollar amount I have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS 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, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

**Return this form to: Northwestern Ohio Administrators, Attn: Annuity Department, P.O. Box 1330
Holland, OH 43528-1330**

SPOUSAL CONSENT FORM

Northwest Ohio Carpenters, Millwrights, and Pile Drivers Supplemental Pension Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

SPOUSAL CONSENT *(To be completed by the spouse of the Participant)*

Spouse's Name (Print)

Signature of Spouse
(Must be signed and dated in presence of Notary)

Date

WITNESSED BY *(To be completed by Notary Public)*

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the ____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public

(SEAL)

My Commission Expires: ____ / ____ / ____

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Holland, OH 43528-1330**