

Plan name: _____
Plan number: _____ Plan name and number can be found on your account online or on your statement.

Coronavirus-related Withdrawal Repayment

Please note:

- Your request is subject to an administrative review that could take several business days. Once the review is complete and your request is validated under the plan's administrative procedures, this repayment will be processed.

Step 1: Your information

Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

First name	MI	Last name (Entire name must match the name on file.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
U.S. Social Security number/ U.S. Taxpayer Identification number	Date of birth (mm/dd/yyyy)	Daytime phone number	Account extension (if this applies)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account address			
<input type="text"/>			
City		State	ZIP code
<input type="text"/>		<input type="text"/>	<input type="text"/>

Step 2: Instructions

Select one:

- My coronavirus-related withdrawal was withdrawn from this plan.
 - I understand I must be eligible to make an incoming rollover to this Plan.
 - I understand that this repayment amount will be deposited into a rollover money source and invested based on the current investment elections for my ongoing contributions.
 - If I do not have current investment elections on file, I authorize this repayment to be made to the plan's default investment option selected.
 - If there is no plan default investment option, the funds will be returned to me, as required by law.
- My coronavirus-related withdrawal was not withdrawn from this plan. I have attached the required Incoming Rollover Form to this repayment request form and included both with my repayment.



Last 4 digits of SSN/TIN

Step 3: Signature and consent

My consent:

By signing below, I hereby certify that I am eligible to make a repayment in the amount of

\$ _____ of a coronavirus-related withdrawal because I met one of the following qualifications to take a coronavirus-related withdrawal.

I satisfied the conditions of a qualified individual under the CARES Act as defined below. I received and reported a CARES Act distribution on my personal tax filing.

- i. I was 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 (including a test authorized under the Federal Food, Drug and Cosmetic Act); or
- ii. My spouse or dependent (as defined in §152 of the Internal Revenue Code (IRC) of 1986) was diagnosed with such virus or disease by such a test.

I, my spouse or a member of my household (a member of my household is someone who shares my principal residence) experienced adverse financial consequences as a result of one or more of the following reasons:

- i. Quarantined due to COVID-19.
- ii. Laid off or furloughed due to COVID-19.
- iii. Work hours reduced due to COVID-19.
- iv. Unable to work due to lack of childcare due to COVID-19.
- v. A reduction in pay (or self-employment income) due to COVID-19.
- vi. A job offer rescinded or start date for a job delayed due to COVID-19.
- vii. Closure or reduce working hours of a business owned or operated.
- viii. Other factors as determined by the Secretary of the Treasury.

I certify that the repayment I have authorized as a rollover into my plan account does not exceed the total amount I received as a coronavirus-related withdrawal from an eligible retirement plan(s) (the lessor of \$100,000 over the aggregate amount treated as coronavirus-related distributions received for all prior taxable years). I further certify that the requested repayment is being made within the 3-year period beginning on the day after the date on which I received the coronavirus-related withdrawal.

I acknowledge and agree that I am solely responsible for determining the appropriate tax reporting of the coronavirus-related withdrawal(s) and the repayment of such amount(s) on my income tax return(s).

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature

Signature date (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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An original, handwritten signature is required on this form.

Verify and send

Make sure to complete each step.

Did you provide all nine digits of your U.S. Social Security number/U.S. Taxpayer Identification number on the first page and the last four digits on page 2, and obtain all handwritten signatures? Omitting information will cause delays.

Send your request. Payment instructions and address information can be found on the Incoming Rollover Form and if applicable, attach the Incoming Rollover Form. The Incoming Rollover Form can be found on the website or you can contact us by phone to obtain these instructions:

1-800-204-3731 weekdays from 8 a.m. to 10 p.m. Eastern time

1-303-737-7207 from outside the U.S.

TTY number 1-800-345-1833