

COVID-19 Impact Certification

Please complete and sign this form if you are requesting transactions provided for in the CARES Act that are permitted for investors impacted by COVID-19. If the sponsoring employer has a Third Party Administrator (TPA) and they have a certification form, that form must be completed and submitted along with the underlying request.

1 Financial Professional and Branch Information

Financial Professional #	Branch #	Financial Professional Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Investor Information

Investor First Name	Middle Name/Initial	Last Name	Entity ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Requested Action(s) Due to COVID-19

- Distribution Request—Submit with the applicable 403(b)(7), 457, one-participant 401(k) or IRA distribution form.
- Loan Request in Excess of Allowable Percentage of Account Value or the Total Statutory Maximum—Submit with the Loan Agreement and Application
- Request to Suspend Loan Payments for a Maximum of 12 Months—If selected, loan payments for all active loans will be suspended for a period of 12 months. No additional documentation will be required.

4 COVID-19 Related Distribution Circumstances

- Investor has been diagnosed with COVID-19.
- Investor’s spouse or dependent has been diagnosed with COVID-19.
- Investor, spouse, or dependent have experienced adverse financial consequences as a result of being quarantined, laid off, furloughed, having work hours reduced, a reduction in pay or earnings, being unable to work due to lack of child care due to COVID-19, closing or reducing hours of business owned or operated by the individual due to COVID-19; or having a job offer rescinded or a starting date delayed.

5 Acknowledgment and Signature

I have reviewed the COVID-19 requirements listed in Section 4 and I am meeting one or more of these circumstances that allow me to request the COVID-19 action(s) indicated in Section 3.

By signing below, I hereby confirm that the information provided in this form is correct and complete to the best of my knowledge.

Signature Required

Investor Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

