

I.B.E.W. LOCAL 25 401(k) FUND
 372 Vanderbilt Motor Parkway
 Hauppauge, NY 11788-5133

APPLICATION FOR DISTRIBUTION DUE TO CORONAVIRUS HARDSHIP

NAME _____ S.S. # _____

ADDRESS _____

TELEPHONE NO. _____ CELLPHONE NO. _____

QUALIFICATION: YOU HEREBY CERTIFY TO ONE OR MORE OF THE FOLLOWING REASONS FOR THE DISTRIBUTION: (PLEASE CHECK ONE)

____ Diagnosis with COVID-19 or SARS-CoV-2 by a test approved by the Centers for Disease Control and Prevention

____ Spouse or dependent diagnosed with COVID-19 or SARS-CoV-2 by a test approved by the Centers for Disease Control and Prevention

____ Adverse financial consequences as a result of COVID-19 due to one or more of the following:

1. Being quarantined
2. Being furloughed, laid off or having hours reduced due to such virus or disease; or
3. Being unable to work due to lack of childcare due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury.

Coronavirus-Related Distributions are available until December 30, 2020 unless the date is specified otherwise under Federal law.

I AM APPLYING FOR A BENEFIT FROM THE 401(k) FUND WHICH CANNOT BE PAID IN THE MARRIED COUPLE FORM. I REALIZE THAT IF I AM MARRIED ON THE EFFECTIVE DATE OF THIS BENEFIT, I MUST SUBMIT A NOTARIZED SPOUSE'S WAIVER.

PAYMENT OPTIONS:

\$ _____ PAYMENT AMOUNT UP TO \$100,000**

_____% TAXES TO BE WITHHELD (Percentage, default is 10% Federal)

**Coronavirus-Related Distributions are not subject to an additional 10% penalty if you are younger than age 59 1/2. Also, the Distribution is not subject to a mandatory 20% withholding, but you may be subject to the income tax due at a later date. The amount you owe will be based on your income. Because it is a Coronavirus-Related Distribution you may spread the amount of the Distribution over three tax years rather than include your entire Distribution in your income for 2020. You may wish to discuss this option with a personal financial advisor.

You are not required to repay a Coronavirus-Related Distribution, but you are permitted to repay a Coronavirus-Related Distribution. You may reimburse the Fund via one or more payments in a total amount not to exceed the amount of the Distribution. You may make such reimbursement at any time during a three-year period after you received your Distribution. This may affect your taxable income.

DATE _____ MEMBER SIGNATURE _____

DATE _____ SPOUSE SIGNATURE _____

VERIFICATION OF SPOUSE

State of _____)
 _____) ss.:
 County of _____)

Signed and sworn to before me this day _____ of _____, 20____

Notary Public

(For office use)

_____ TRUSTEE

_____ TRUSTEE

Balance in Account \$ _____

Tax Withheld \$ _____

Net Check Amount \$ _____

Check No. _____

Date _____