

Request for Coronavirus-Related Distribution (“CRD”)

1. Participant Information		
First Name, Middle Initial	Last Name	Social Security Number
Address	City, State	Zip Code
Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
Daytime Phone	Mobile Phone	Email Address
Employer Name		Contract ID Number (Plan ID)

2. Eligibility for CRD
<p>In order to be eligible for a CRD, you must satisfy one of the following criteria. Please select the reason for your eligibility below:</p> <p><input type="checkbox"/> 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,</p> <p><input type="checkbox"/> My spouse or dependent has been diagnosed with such virus or disease by a test approved by the Centers for Disease Control and Prevention, or</p> <p><input type="checkbox"/> I have experienced adverse financial consequences due to the virus SARS-CoV-2 or coronavirus disease 2019 (COVID-19), as a result of being quarantined, being furloughed or laid off or having work hours reduced, being unable to work due to lack of child care, closing or reducing hours of a business I own or operate, or other factors as determined by the Secretary of the Treasury.</p>

3. Amount of Withdrawal and Vested Percentage				
Please indicate the amount (in whole dollars) you wish to withdraw from your Plan Account.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Withdrawal Amount: \$ _____</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">Participant Vested Percentage _____ %</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><i>To be completed by TPA</i></td> </tr> </table>	Withdrawal Amount: \$ _____	Participant Vested Percentage _____ %	<i>To be completed by TPA</i>	
Withdrawal Amount: \$ _____	Participant Vested Percentage _____ %			
<i>To be completed by TPA</i>				

Please note: Your withdrawal is limited to the lesser of 100% of your vested account balance or \$100,000 and will be distributed pro rata from your current investment options, unless otherwise specified below.

Investment Option	Amount	Investment Option	Amount
	\$		\$
	\$		\$
	\$		\$

Taking a withdrawal from a PIB investment option (if applicable) may cause Early/Excess Withdrawals from your guarantee. Please review your Program Summary or Prospectus (as applicable) carefully before electing such a withdrawal.

4. Income Tax Withholding

I understand that 10% federal income tax withholding as well as applicable state income tax withholding **will apply unless I check one of the boxes below**. I further understand that state income tax withholding may be mandatory based on my state of residence. My correct U.S. residence address and Social Security Number are provided in Part 1. I have not requested payment to be sent outside of the United States. I understand that I may be responsible for the payment of estimated taxes and that I may incur penalties if payments are insufficient.

FEDERAL INCOME TAXES

- I DO NOT WANT any withholding for federal income taxes applied to my CRD.
- I ELECT TO HAVE _____% withholding for federal income taxes applied to my CRD instead of the 10% specified above.

STATE INCOME TAXES

- I DO NOT WANT any withholding for state income taxes applied to my CRD, unless mandatory.
- I ELECT TO HAVE _____% withholding for state income taxes applied to my CRD.

5. Participant Certification, Authorization

I, the undersigned Participant, hereby certify, understand and agree to the following:

- I am eligible for a CRD, as indicated in Part 2 and hereby request a CRD as indicated in Part 3. I will retain documentation to support my self-certified status as a "Qualified Individual."
- I understand that the Plan Administrator may limit the sources of money in my Plan Account available for a CRD and that my CRD will be taken pro rata from all available contribution sources under the Plan. I further understand that CRDs are only available through December 30, 2020, unless extended through subsequent legislation.
- I understand that the aggregate amount of distributions from any of my tax-qualified plans or contracts that may be treated as CRDs is limited to \$100,000, and the amount of the CRD I am requesting will count toward that overall limit. It is my responsibility to ensure my CRDs from all sources do not exceed the \$100,000 limit.
- I understand that the taxable amount of this CRD will be included in my taxable income ratably over three years, unless I elect otherwise when I file my tax return. I further understand that the taxable amount of this CRD will not be subject to the 10% early distribution tax.
- I understand that I may repay all or part of the amount of this distribution, in one or more repayments, to an eligible retirement plan within three years after the date of this withdrawal.
- The information provided herein is accurate and complete to the best of my knowledge.

Participant Signature

Printed Name

Date

6. Spousal Consent (if required under your Plan)

If all or a portion of the requested CRD is attributable to amounts transferred to this Plan from a Money Purchase Plan or if your Plan requires spousal consent for this distribution, and you are married, your spouse must consent to the requested CRD. Such consent must be witnessed by a Plan Representative or Notary Public.

I, the undersigned spouse of the Participant, understand that federal law requires that I consent to any Plan distribution unless that distribution is made in the form of a qualified joint and survivor annuity. I understand the effect of providing my consent and hereby waive my right to a joint and survivor annuity and consent to the requested CRD. I understand and acknowledge that this withdrawal may result in the reduction of benefits that might otherwise have become payable to me under the Plan. I am not obligated to sign this form; I am signing it voluntarily.

Spouse's Signature

Printed Name

Date

Plan Representative or Notary Public Signature as Witness

Printed Name

Date

7. Plan Administrator Authorization

As Plan Administrator I hereby certify that the Plan allows coronavirus-related distributions permitted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) enacted on March 27, 2020; and the requested distribution is permitted under the terms of the Plan and complies with applicable limitations.

Plan Administrator Signature

Printed Name

Date

Return Via Mail to:
AXA Equitable – Retirement
P.O. Box 219489
Kansas City, MO 64121-9489

Street and Overnight Address:
AXA Equitable – Retirement
430 W. 7th Street, STE. 219489
Kansas City, MO 64105-1407

Return Via Fax to:
(816) 218-0412
For Assistance Call:
(800) 528-0204
www.equitable.com