



CORONAVIRUS-RELATED DISTRIBUTION PARTICIPANT SELF-CERTIFICATION FORM

Section 1: PARTICIPANT INFORMATION

Plan Name

Last Name

First Name

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Phone

Email Address

Section 2: SELF-CERTIFICATION

By signing below, I certify that this coronavirus-related distribution is being requested due to one of the following reasons:

- I, my spouse, or my dependent have been diagnosed with 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)
- I have experienced adverse financial consequences because myself, my spouse or member of my household experienced the following due to COVID-19:
 - Being quarantined, furloughed, laid off, or having work hours reduced
 - Being unable to work due to lack of childcare
 - Closing or reducing hours of a business that I/they own or operate
 - Reduction in pay or self-employment income
 - Having a job offer rescinded or start date for a job delayed
- I have met other other factors as determined by the Secretary of the Treasury

Section 3: SIGNATURES

I hereby certify that the information above has been examined by me and that the information contained on this form is, to the best of my knowledge, accurate. I agree to provide any additional information that may be necessary to process my request.

Dated this _____ day of _____, 2020.

Signature of Participant

Print Name of Participant

Completed forms can be sent to TRA by fax at 800.459.5815, via secure email at processing@tra401k.com, or mailed to 600 S. Nicolet Rd., Appleton, WI 54914-8233