

Plan name: \_\_\_\_\_  
**Plan number:** \_\_\_\_\_ Plan name and number can be found on your account online or on your statement.

## Coronavirus-related Loan Form

**Coronavirus-related loans must be received before market close on September 22, 2020.**

### 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)	Account extension (if this applies)	
<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

**By signing below, I certify:**

- i. 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 (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) is 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) has 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 A job offer rescinded or start date for a job delayed due to COVID-19.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. Close or reduce working hours of a business owned or operated.
- viii. Other factors as determined by the Secretary of the Treasury.

Last 4 digits of SSN/TIN

**First loan repayment due date** - Select one:

As a Qualified Individual, I elect to delay any repayments on this loan between March 27, 2020 and December 31, 2020. I also acknowledge and agree the loan will be reamortized and extended by one year to account for any delayed repayments plus accrued interest.

If I later change my mind and want to start my loan repayments before the suspension period ends, I must call for additional instructions on how to adjust my loan payment start date. Otherwise, any loan payment may be returned to me and not credited towards the outstanding loan balance.

Do not suspend my first loan repayment due date until December 31, 2020. I agree to make level loan payments over the term of the loan I request on the attached loan application.

### Step 3: Signature and consent

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**My consent:**

I understand and agree to all pages of this form and affirm all information is correct.

**I understand that I must complete this form and attach a completed Loan Application form.** This Coronavirus-related loan form supersedes the "maximum loan" section on the attached Loan Application. I understand that the maximum amount I may request on the attached Loan Application for a Coronavirus-related loan cannot exceed the lessor of: (1) 100% of my vested account balance; or (2) \$100,000, minus the highest outstanding loan balance I may have had in this plan during the last twelve consecutive months.

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

My signature

Date (mm/dd/yyyy)

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An original, handwritten signature is required on this form.