

Plan name: _____

Plan number: _____

Coronavirus-related Loan Repayment Suspension Form

By signing below, I certify the participants provided on this form or in the attached spreadsheet are Qualified Individual(s) because they meet the following requirements under the CARES Act:

They have experienced adverse financial consequences due to such virus or disease because of one or more of the following reasons:

- They were quarantined.
- They were laid off or furloughed.
- Their work hours were reduced.
- They were unable to work due to lack of child care.
- They had to close or reduce working hours for the business they own or operate.
- Other factors as determined by the Secretary of the Treasury.

For these Qualified Individuals, I elect to delay any repayments that have not been made and are due on their outstanding loan(s) between March 27, 2020 and December 31, 2020. I understand and agree that any payments due on their loan(s) prior to March 27, 2020 are not eligible for suspension and, if not paid, will cause their loan to default. I understand and agree that if their outstanding loan is current through March 27, 2020, the loan will be reamortized and extended by the length of this suspension to account for the delayed repayments plus accrued interest.

Participant Information

Provide the participant information below or attach a spreadsheet with this information for all participants.

_____ Last name	_____ First name	_____ MI	_____ Social Security number (SSN)/ Taxpayer Identification number (TIN)	_____ Account extension
_____ Last name	_____ First name	_____ MI	_____ Social Security number (SSN)/ Taxpayer Identification number (TIN)	_____ Account extension
_____ Last name	_____ First name	_____ MI	_____ Social Security number (SSN)/ Taxpayer Identification number (TIN)	_____ Account extension
_____ Last name	_____ First name	_____ MI	_____ Social Security number (SSN)/ Taxpayer Identification number (TIN)	_____ Account extension
_____ Last name	_____ First name	_____ MI	_____ Social Security number (SSN)/ Taxpayer Identification number (TIN)	_____ Account extension

Authorized Plan Administrator signature for Coronavirus-related loans

I hereby determine that the above or attached participants are eligible for the loan suspension and reamortization relief described above and which has been adopted by the Plan. I authorize this request to be processed as described on the form.

Authorized Plan Administrator signature

Date (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

An original, handwritten signature is required on this form.

Print full name