

# CARES Act loan request - TPA serviced

## Is this the correct form?

This form can be used to take a loan under the Coronavirus Aid, Relief, and Economic Security (CARES) Act or H.R. 748 that was signed into law on March 27, 2020.

- This form is valid until September 22, 2020.

If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-510-4015 or contact your retirement plan representative.

## 1 Tell us about yourself.

Plan name	Contract number
Account number	Plan ID (refer to your statement)
Name (first, MI, last, suffix)	SSN - -
Mailing address	Date of birth (mm/dd/yyyy) / /
City State Zip	Mobile - -
Email	Phone - -

**Marital status:** Please provide your marital status in order to ensure timely processing of your distribution.

**Amount and purpose of loan:** The maximum loan amount is generally equal to 100% of your vested account value, not to exceed \$100,000, on all plans maintained by your employer. If there has been a loan in the preceding 12-month period, the \$100,000 maximum loan limit is reduced by the excess of the highest outstanding balance of loans during the preceding 12-month period and the current outstanding loan balance.

**Loan amount:** Cannot exceed \$100,000.

A participant who requests a specific dollar amount based on the maximum loan available on a particular day may not qualify for that dollar amount if the stock market, and the value in his or her account, declines by the time the loan is processed.

**Self-certification:** Lincoln will rely upon your self-certification that you have met the requirements to be considered eligible for such a distribution. You will be responsible for documenting and retaining any and all information that the IRS may require to support this claim.

### Marital status

- I do not have a living spouse.
- I have a living spouse.

## 2 How much should we send you?

Loan amount requested \$ 

### Purpose of loan (choose one)

- General purpose
- Purchase of primary residence

I certify that my request is considered Coronavirus-related due to one or more of the following reasons: 

- I (or my spouse or dependent) was diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (referred to collectively as 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
- Due to COVID-19, adverse financial consequences have occurred as a result of one or more of the following events that apply to myself, my spouse, or a member of my household (defined as someone who lives with me at my principal residence):
  - Being quarantined, being furloughed or laid off or having work hours reduced;
  - Being unable to work due to lack of child care;
  - Being the owner or operator of a business that was forced to close or have its hours reduced;
  - Pay or self-employed income was reduced; or
  - A job offer was rescinded or start date for a job was delayed.

This list may be updated at a later date if additional guidance is issued.

## 3 How much will be charged for loans tracked by Lincoln?

Your loans may be tracked and administered by your plan's TPA or by Lincoln. The following fees will be charged for loans tracked by Lincoln:

- \$30.00 ongoing fee that will be deducted annually
- Additional loan fees from your plan's TPA may apply

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**i** **Direct Deposit:** If your bank account information is illegible or incomplete, Lincoln will issue a check and mail to your address on file.

**Please note:** We cannot direct deposit to reloadable bank cards.

**i** **If you direct deposit to a checking account:** To ensure accuracy, please include a photo copy of a voided check.

**If you direct deposit to a savings account:** To ensure accuracy, please include a verification of deposit from your financial institution.

## 4 How would you like to receive your payment?

I would like my payment to be sent as a (choose one)

Direct deposit to my personal bank account as described here: **i**

Select this box if this is a savings account:

Name as it appears on your account

Bank transit/ABA number (9-digits)

Financial institution

Account number

Check, mailed to my address on file.

**i** **CARES Act provision:** If you wish to defer your loan payments in accordance with the CARES Act provision, please contact your plan sponsor/trustee.

**This CARES Act loan request cannot be made after September 22, 2020 unless this date is extended by future legislation or guidance.**

## 5 Sign and date this form.

By signing below, I certify that:

- My request is considered Coronavirus-related because I meet one of the qualifications set forth under Step 2.
- If I am a New York resident, I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- I have read and understand the Important Fraud Notice and Important Information sections on the last page of this form.
- My answers on this form and any documents I have attached are true and accurate.

Your signature (Please sign with a pen. We cannot accept electronic signatures.)

Today's date (mm/dd/yyyy) **i**

 /  / 

## 6 Your spouse's signature may be required.

**If you are married and the vested account balance is \$5,000 or more, your spouse's signature may be required. Please contact Plan Sponsor/Trustee to determine if this is required for your plan. This form will be returned if appropriate signatures are not present.**

By signing below, I certify that I am the spouse of the individual named above and that:

- If applicable to this plan, I have received the QJSA notice; consent to my spouse's election to waive the normal QJSA form of payment; and consent to my spouse's election to an immediate distribution as detailed on this form.

Spouse's signature (if required)

Today's date (mm/dd/yyyy)

 /  / 

**i** **If spousal consent is required** and your plan sponsor/trustee does not sign here as a witness to your spouse's signature, you must have a notary sign, seal, and date where noted to the right. If you are unable to reach a notary public, please contact your employer for guidance on spousal consent.

Plan Sponsor/Trustee's signature or notary's signature **i**

Today's date (mm/dd/yyyy)

 /  / 

Notary seal/stamp

Notary's commission expires (mm/dd/yyyy)

 /  /

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## Did you remember to:

- Print, sign and date this form?
- Attach any necessary documents?
- If faxing, include both the front and back of ALL pages of the form?

## Questions?



### VISIT

LincolnFinancial.com or



### CALL

1-800-510-4015,  
M - F, 8 am - 8 pm ET



### Participant information:

If participant information is incomplete, Lincoln will use the information currently on file.

**Authorization:** Lincoln will process this request based on TPA authorization only. Lincoln will not screen for plan sponsor/trustee's signature or QDRO orders.

**TPA distribution fees** are established at plan setup, deducted automatically at the time of withdrawal, and included in the aggregated monthly fee sent to the TPA.

## Plan administrator or TPA return all documents to:

### • FAX

Lincoln Financial Group  
260-455-6122

### • MAIL

Lincoln Financial Group  
P.O. Box 2248  
Fort Wayne, IN 46801-2248

### • EXPRESS MAIL

Lincoln Financial Group  
1301 S. Harrison St.  
Fort Wayne, IN 46802-3506

## Current, former, or non-employee - return all documents to:

Your employer's retirement plan sponsor/trustee.

## Plan sponsor/trustee use only.

I authorize Lincoln to proceed with the elections made on this form.

Plan sponsor/trustee's name

Plan sponsor/trustee's signature

Today's date (mm/dd/yyyy)

 /  / 

## Third party administrator (TPA) use only. ⓘ

Complete the following information:

- Rate of interest                      %.
- Date of first payment (mm/dd/yyyy)                      /                      /                      . (Must be within a 30-day period and should coincide with an actual payroll date.)
- Duration of loan (years)                      1 year                      2 years                      3 years                      4 years                      5 years  
Other (applicable only for purchase of primary residence)
- Payment frequency                      Weekly                      Biweekly                      Semimonthly                      Monthly  
Payment of the loan may not exceed five years, unless the employer elects to extend under the terms of the CARES Act or unless the loan is for the purchase of a principal residence.
- Loans not paid as scheduled may be subject to default and tax consequences.

I authorize Lincoln to proceed with the elections made on this form.

TPA's name

Phone

TPA's authorization code

Contact name

Loan initiation/service fee of \$

to be paid to the TPA. (choose one)

Deducted from the proceeds

In addition to the loan amount

Fees should be sent to the TPA via (choose one)

ACH (if Lincoln has previously received ACH instructions)

Check

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## DISCLOSURE

The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as ("Lincoln").

## IMPORTANT FRAUD NOTICE

**Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia and Washington, please note:** Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**For Alabama residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**For Arkansas, Louisiana, and Rhode Island residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Colorado, Kentucky, Maine, Ohio, and Tennessee residents only:** Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

**For District of Columbia residents only:** WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For Florida residents only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For Kansas residents only:** Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of fraud as determined by a court of law.

**For Maryland residents only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For New Jersey residents only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For New Mexico residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For Oklahoma residents only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For Oregon residents only:** Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may be subject such person to criminal and civil penalties.

**For Pennsylvania residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Vermont residents only:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**For Virginia residents only:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**For Washington residents only:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

## IMPORTANT INFORMATION

Loan requests will be processed within three (3) business days after Lincoln receives the valid, fully completed Loan Request Form approved by the Plan Sponsor/Trustee of the plan.

### For loans tracked by Lincoln, the following information is applicable:

Once loan proceeds have been disbursed to participant via check or electronic funds, the participant can view the Loan Amortization Schedule, Truth in Lending and Promissory Note by visiting [LincolnFinancial.com](http://LincolnFinancial.com).