

CARES Act Loan Request
(Third Party Administrator)

*Products and financial services provided by American United Life Insurance Company® (AUL) a OneAmerica® company
Administrative and recordkeeping services provided by McCready and Keene, Inc. or OneAmerica Retirement Services LLC, companies of OneAmerica*



CARES Act Plan Loans

In the wake of the novel coronavirus COVID-19 pandemic, and related impacts on business operations, the Coronavirus Aid, Relief and Economic Security (CARES) Act was signed into law on March 27, 2020. The CARES Act contains provisions that affect retirement plans and participants. Retirement plans may allow COVID-19 distributions and loan relief to “qualified individuals” as defined by the act and outlined in the following form.

In order to provide greater access to your account balance without taking a taxable distribution, the CARES Act:

- Increases the limit available for loans issued between March 27, 2020 and September 23, 2020, to the lesser of 100% of the participant’s vested account balance or \$100,000 (from a prior limit of 50% or \$50,000)
- Allows for the deferral of repayments for a period of one year (provided interest still accrues and is added to the balance once repayments resume)
- Extends the five-year period for repayment of loans by the period-of-time the repayments are suspended

If you wish to request a loan from your account under the CARES Act and you are a “qualified individual” because you meet any one of the conditions listed under the “Participant Signature” section in the below form, please be aware of the following:

- All loan rules not specifically amended by the CARES Act will apply to your loan. See your Plan’s loan rules for details.
- If you request a specific loan dollar amount, and that amount is not available when the loan request is processed, the maximum amount available will be distributed.
- If your plan requires spousal consent, you will find an attached spousal consent form that must be completed and returned along with this CARES Act Loan Request form.

1. Plan Information

Please print using blue or black ink.

Plan Number _____ Plan Name _____

2. Participant Information

Complete this section with your information.

For foreign addresses, visit www.irs.gov to determine if an additional tax form is required to receive your distribution.

First Name _____ M.I. _____ Last Name _____

Social Security (or Taxpayer ID) Number _____ Date of Birth _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____
(including area code)

3. Loan Information

Requested Loan Amount

\$ _____

The maximum is the lesser of \$100,000 or 100% of your vested balance in sources available for loans. Any currently outstanding loans as well as any outstanding loan balances over the prior 12 months will reduce the maximum amount available. See your Plan's loan rules for details.

Requested Loan Duration (Years)

1 Year 2 Years 3 Years 4 Years 5 Years

The minimum duration is 1 year, and the maximum duration is 5 years.

4. Loan Repayment Frequency

Do not complete the following information if this plan is administered by OneAmerica Retirement Services LLC or McCready and Keene, Inc.

Complete the following information if this plan is administered by American United Life Insurance Company® (AUL)

Repayment Frequency:

Weekly Biweekly (26 paychecks per year) Semi-monthly (twice per month)
 Monthly Quarterly

Note: Loan repayments will be made via payroll withholding and you must enter into a payroll deduction agreement with your Plan Sponsor. Repayment frequency is determined by your Plan Administrator. Payroll deductions will commence within 30 days of the origination of the loan. Loans may not be consolidated or refinanced.

5. Participant Signature

Participant signature is required.

I hereby certify and agree that I meet any one of the following conditions.

- I have been diagnosed with the coronavirus, COVID-19, by a medical provider using a diagnostic test approved by the Centers for Disease Control and Prevention.
- My spouse or dependent is diagnosed with coronavirus, COVID-19, by a medical provider using a diagnostic test approved by the Centers for Disease Control and Prevention.
- I have experienced an adverse financial impact due to quarantine, furlough, layoff, reduced work hours or inability to work due to issues with childcare related to coronavirus, COVID-19.
- I have faced other coronavirus, COVID-19-related factors as determined by the Secretary of the Treasury.

I understand that standard loan processing and administration fees apply.

I understand that spousal consent may apply and that additional forms may be required.

Participant Printed Name

Participant Signature

Date

6. Employer Information and Authorization

This section is not required for non-employer sponsored plans (IRA, Custodial TDAs, Orphan TDAs).

If your plan requires an employer signature, please provide all pages of this form to your employer.

Vesting must be provided for all recordkeeping only plans and plans using a TPA, excluding OneAlliance Plus plans.

The distribution will be processed based on the hours and vesting calculated in the recordkeeping system or as directed by the TPA/sponsor. If you need to change the vesting percentage, please update in the vesting percentage column below. If the participant is requesting a partial distribution, select the money types. If the participant is requesting a full distribution, all money types will be used.

Money Type	Select money type for the requested withdrawal.	Vesting Percentage
Employee Deferrals (Pretax)	<input type="checkbox"/>	100%
Employer	<input type="checkbox"/>	
Employer Match	<input type="checkbox"/>	
Profit Sharing	<input type="checkbox"/>	
Rollover (Pretax)	<input type="checkbox"/>	100%
Roth Deferrals/After Tax	<input type="checkbox"/>	100%
Roth Rollover/After Tax	<input type="checkbox"/>	100%
Safe Harbor Non-Elective/Match	<input type="checkbox"/>	100%
QNEC/QMAC	<input type="checkbox"/>	100%
Other: _____	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

I hereby certify the above information is correct and that the terms of the loan are in compliance with terms of the Plan and applicable regulations, and that the Spousal Consent form, if applicable, has been properly executed. I further direct the companies of OneAmerica®, which includes American United Life Insurance Company®, McCready and Keene, Inc., and OneAmerica Retirement Services LLC to issue this loan.

Employer's Designated Representative Printed Name

Employer's Designated Representative Signature

Date