



CORONAVIRUS-RELATED DISTRIBUTION PARTICIPANT SELF-CERTIFICATION FORM

Section 1: PARTICIPANT INFORMATION

_____ Plan Name

_____ Last Name First Name MI

() _____
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 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.
- My spouse or dependent is diagnosed with COVID-19.
- I have experienced adverse financial consequences as a result of being quarantined, furloughed, laid off, or having work hours reduced.
- I am unable to work due to lack of child care as a result of COVID-19.
- I have experienced adverse effects due to closure or reduced work hours of a business owned or operated by an individual diagnosed with COVID-19; or
- I have met 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