

403(b) PLAN TRANSACTION REQUEST FORM

Coronavirus Related Distribution Form

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

After verifying your eligibility, OMNI will sign off on your transaction and, unless otherwise notified, forward it directly to your service provider so that your funds may be issued.

Coronavirus Related Distribution Requirements

A participant is permitted to take a Coronavirus related distribution for up to \$100,000 if the participant:

- is diagnosed with COVID-19; or
- has a spouse or dependent who has been diagnosed with COVID-19; or
- is experiencing adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to COVID-19, closing or reducing hours of a business owned or operated by the individual due to COVID-19; or
- is experiencing a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19; or
- has a spouse or a member of the participant's household (someone who shares the participant's principal residence) that is quarantined, furloughed or laid off, had work hours reduced due to COVID-19, unable to work due to lack of childcare due to COVID-19, had a reduction in pay (or self-employment income) due to COVID-19, or had a job offer rescinded or start date for a job delayed due to COVID-19; or
- has a spouse or a member of his/her household that owns or operates a business and was forced to reduce hours or close due to COVID 19

Please take note, income taxes apply to these distributions. Participants should consult with a financial advisor/tax advisor prior to completing this transaction.

You have the option to repay all or a portion of this distribution over the next three years. If you would like to take advantage of this opportunity, please utilize the Coronavirus distribution repayment form.

Part 1: Employee Information

* Social Security Number: * First Name: MI: * Last Name:

* Address:

* City: * State: * Zip: * Date of Birth:

* Phone: * Email address:

There is a financial advisor/representative associated with the transaction.

Sales Agent/Representative Name:

Phone: Email:

I wish the above named agent to be copied on all email communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction. (Requires agent's email address to be provided above)

Part 2: Distributing Account Information

* Please provide the full Organization Name, City and State for the employer from whose Plan you wish to withdraw funds:

* Please provide the following information for the service provider who will be distributing (paying out) the funds for this transaction:

*Service Provider Company:

Account Number:

Amount to be Distributed:

Part 3: Coronavirus Related Distribution Circumstances

- Participant has been diagnosed with COVID-19
- The participant's spouse or dependent has been diagnosed with COVID-19
- The participant is experiencing adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to COVID-19, closing or reducing hours of a business owned or operated by the individual due to COVID-19.
- The participant is experiencing a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.
- The participant has a spouse or a member of the participant's household (someone who shares the participant's principal residence) that is quarantined, furloughed or laid off, had work hours reduced due to COVID-19, unable to work due to lack of childcare due to COVID-19, had a reduction in pay (or self-employment income) due to COVID-19, or had a job offer rescinded or start date for a job delayed due to COVID-19
- The participant's spouse or a member of his/her household that owns or operates a business and was forced to reduce hours or close due to COVID 19

Part 4: Employee Signature (Mandatory)

I have read the Coronavirus related distribution requirements above and am aware of the criteria necessary to qualify for a Coronavirus related distribution.

By signing below, I hereby confirm that the information on this form is correct and complete to the best of my knowledge.

Employee Signature: Date:

PLEASE RETURN THIS FORM TO TAX DEFERRED SOLUTIONS UNLESS OTHERWISE ADVISED BY YOUR EMPLOYER:

Tax Deferred Solutions
6939 Sunrise Blvd, Suite 250
Citrus Heights, CA 95610
Phone: (866) 446-1072 Fax: (916) 221-5040