

LABOR UNIONS 401(k) PLAN

COVID-19 Distribution Directive

PARTICIPANT DATA	
Name (Last, First, MI) _____	Social Security Number _____
Address _____	Date of Birth _____
City _____ State _____ Zip _____	Home Phone _____
Payee <input type="checkbox"/> Yes <input type="checkbox"/> No Email _____	Married <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No Divorced <input type="checkbox"/> Yes ² <input type="checkbox"/> No

AMOUNT OF DISTRIBUTION	
\$ _____	<ul style="list-style-type: none"> If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount. Any amount paid to you will be reduced by applicable taxes.

INCOME TAX WITHHOLDING NOTICE & ELECTION
<p>You may elect to have (or not have) federal and/or state income tax withheld from your distribution by checking Option A, B, or C below.</p> <p>If you elect to have no amount withheld, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You should consult your tax advisor for more information.</p> <p>Elect One</p> <p><input type="checkbox"/> A. I elect to have federal income tax, at the rate of 20%, and state income tax withheld from my coronavirus-related distribution. Additional Amount to be Withheld (if any): \$ _____</p> <p><input type="checkbox"/> B. I elect to have federal income tax only withheld from my coronavirus-related distribution.</p> <p><input type="checkbox"/> C. I do not elect to have federal or state income tax withheld from my coronavirus-related distribution.</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number. 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions). <p>Certification Instructions</p> <p>You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.</p> <p><input type="checkbox"/> I am subject to backup withholding as a result of a failure to report all interest and dividends.</p> <p>Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.</p>

¹ Married Must provide administrator with copy of Marriage License.

² Divorce Must provide administrator with copy of Judgment or Marital Settlement Agreement.

PARTICIPANT RELEASE (SIGNATURES MUST BE WITNESSED BY A NOTARY PUBLIC)

SELF-CERTIFICATION AND SIGNATURE

I certify that I meet one or more of the following criteria:

- I, my spouse, or my dependent have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the CDC (Centers for Disease Control), or
- Due to the coronavirus, I have suffered adverse financial consequences because of:
 - Being quarantined, furloughed, laid off, or having my work hours reduced, or
 - My inability to work due to lack of childcare, or
 - The closing of or reduction of hours with respect to a business I own or operate, or
 - Other factors as provided in guidance issued by the Internal Revenue Service

I certify that this request, when combined with any other coronavirus-related distributions I have received from this plan or other plans and IRAs, does not exceed the \$100,000 limit.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I also understand that the payment amount may be less than the specific dollar amount I have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.

By signing below I consent to the distribution and that all the information provided is true and correct.

Participant Signature

Date

I, the Participant's spouse hereby consent to the Participant's election to receive a distribution withdrawal from the Plan, for the amount which is detailed above. I understand and acknowledge that I am waiving any legal right to the money as part of any death benefit from the Plan. I agree to release and discharge the Trustees, Plan Administrator, and Plan Sponsor from all liability for acting upon this consent.

Spouse's Signature

Date

JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE §8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

) ss

County of _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature

(SEAL)

Forward completed application to:

Labor Unions 401(k) Plan c/o Coast Benefits
3444 Camino del Rio N., Suite 101, San Diego, CA 92108