

403(b) PLAN DISBURSEMENT REQUEST FORM

Coronavirus Related Loan Transaction 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:

Coronavirus Related Loan Transaction Requirements

A coronavirus related loan permits a participant to take a loan in the amount \$100,000 or 100% of the participant's vested account balance 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- is experiencing a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19; or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of childcare due to COVID-19, had a reduction in pay (or self-employment income) due to COVID-19, or had a job offer rescinded or start date for a job delayed due to COVID-19; or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

OMNI can only approve the Coronavirus related loan if the loan is taken on or before September 23, 2020

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:

Current Employer Name, City and State *(if other than above)*:

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:

If amount requested is not available, OMNI will process for maximum amount available at the time this form is received in good order.

Part 3: Coronavirus Related Loan 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: Loan History

* I have previously taken out a loan. Yes No

Account #	Approximate Value	Outstanding Loan Balance	Loan Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 5: Other Accounts

* 1.) I have other accounts under this Plan. Yes No

Service Provider Name	Account #	Approximate Value	Outstanding Loan Balance	Loan Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 2.) I have other accounts in other plans of this employer. Yes No

Service Provider Name	Account #	Approximate Value	Outstanding Loan Balance	Loan Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6: Employee Signature (Mandatory)

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 U.S. OMNI UNLESS OTHERWISE ADVISED BY YOUR EMPLOYER:

U.S. OMNI • 220 Alexander Street, Suite 400 • Rochester, NY 14607
Toll Free: (877) 544-OMNI • Fax: (585) 756-5557 Please visit our website at www.omni403b.com

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