

403(b) PLAN REPAYMENT FORM

Coronavirus Related Distribution Payroll Deduction Repayment

- 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.

The Coronavirus Aid, Relief and Economic Security (CARES) Act permits a Coronavirus related distribution for up to \$100,000. As part of this legislation, participants are permitted to repay all or a portion of the distribution into their 403(b) for up to three years from the day after the date of the distribution. These repayments are not subject to the maximum allowable contribution limits of the Plan, and will be treated as a rollover contribution.

This form is used to instruct your employer to withhold pre-tax payroll deductions solely for the purpose of repaying of a previously taken a Coronavirus Related Distribution. Deductions may be designated as recurring for a specified number of pay periods or as a one-time, lump-sum repayment.

Part 1: Employee Information

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

* Address:

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

* Phone: * Email address:

Part 2: Current Employer Information

* Please provide the full Organization Name, City and State for the employer from whose pre-tax payroll these deductions will be made:

Part 3: Coronavirus Distribution Deduction Information

* Please provide the following information about the distribution(s) taken and the repayment deduction amount(s) desired:
 If distribution(s) being repayed was/were distributed from a DIFFERENT or FORMER employer's plan, please provide the full Organization Name, City and State for that employer:

*Service Provider Company:	ROTH	Account Number:	Total Distribution Amount Received:	Total Amount to be Repaid	Deduction Amount Per Pay Period:	Number of Pay Periods:	Date on which to Begin Deductions:	Date on which to Stop Deductions:
<input type="text"/>	<input type="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4: Employee Signature (Mandatory)

The above named Employee where applicable, agrees as follows:

1. That the repayment is for the Coronavirus related distribution.
2. That the repayment is no more than the amount of the Coronavirus related distribution.
3. This Coronavirus Related Distribution Payroll Deduction Repayment form is legally binding and irrevocable with respect to amounts paid.
4. This Coronavirus Related Distribution Payroll Deduction Repayment form may be changed with respect to amounts not yet paid.
5. This Coronavirus Related Distribution Payroll Deduction Repayment form may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Coronavirus Related Distribution Payroll Deduction Repayment form is submitted.
6. To be responsible for setting up and signing the legal documents necessary to establish an account for which the repayment is made.

By submitting this agreement to OMNI, I hereby confirm that the information on this form is correct and complete to the best of my knowledge. I understand my responsibilities as an Employee under this Coronavirus Related Distribution Payroll Deduction Repayment form, and I request that Employer take the action specified in this agreement.

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