

This Form is to be used for a distribution by qualified City of Costa Mesa, CA 457(b) Plan Participants made available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

IMPORTANT-REMEMBER TO PRINT LEGIBLY IN BLACK OR BLUE INK

SUBMIT THIS FORM:

1. By mail to California 457 Benefits, 27201 Puerta Real, Suite 465, Mission Viejo, CA 92691, OR
2. By email to warren@walkerfinancial.com

A. PARTICIPANT INFORMATION:

Full Name of Participant _____

_____-_____-_____- ____-____-____- _____
Social Security Number Date of Birth Daytime Phone Number

Your Mailing Address: _____

City: _____ State: _____ Zip Code: _____

B. PAYMENT AMOUNT: Funds will be withdrawn proportionately across all investment options.

- Total Account Balance OR
- Other Pre-tax Amount: \$ _____

NOTE: An amount must be provided and cannot exceed the lesser of 100% of the vested balance or \$100,000 total across all plans maintained by the Employer.

C. PAYMENT INSTRUCTIONS:

- Send check via regular mail to my address (No fee.)
- Electronically credit (EFT) my checking account. Attach a voided check. (May take up to 5 business days. No fee.)
- Wire funds to my checking account (Provide instructions separately. \$30.00 will be deducted from your account.)
- Overnight check to my address (\$30.00 will be deducted from your account.)

D. TAX WITHHOLDING: Please state the percentage of tax withholding:

_____ % Federal Withholding (A 10% income tax will be withheld unless you elect otherwise.)

_____ % State Withholding (You may instruct us not to withhold state income taxes only when your state of residence allows such an election. CA residents will be subject to 10% of Federal Withholding Amount UNLESS you enter 0% in the space at the left.)

E. TAX ID CERTIFICATION: I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service 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, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return

F. PARTICIPANT CORONAVIRUS CERTIFICATION AND DISTRIBUTION AUTHORIZATION

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or
2. I have a spouse or dependents diagnosed with such virus or disease by such a test; or
3. I have experienced adverse financial consequences stemming from such virus or disease as a result of:
 - Being quarantined, furloughed or laid off
 - Having reduced work hours
 - Being unable to work due to lack of childcare
 - The closing or reduction of hours of a business I own or operate

Any state or federal income taxes withheld will be reported on a form 1099-R.

I consent to a distribution as elected above. I understand that the terms of the plan document will control the amount and timing of any payment from the plan.

The CARES Act allows for repayment of your distribution to your account within 36 months. Repayment will be treated as a rollover contribution and will offset the tax liabilities incurred due to this distribution. Please consult a qualified tax professional.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant's Signature

Date

CA 457 Representative Signature

NOTE: The full text of the CARES Act can be found at <https://www.congress.gov/bill/116th-congress/house-bill/748/text>