



# The Standard<sup>®</sup>

Standard Retirement Services, Inc.  
1100 SW Sixth Avenue P9A Portland OR 97204-1020  
Phone: 800.858.5420 Fax: 888.418.6806

## CARES Act Withdrawal Request (NL)

### Ways You Can Submit Your Form

- **Email:** Email [benefitrequests@standard.com](mailto:benefitrequests@standard.com). Include this form and any other related documents as a single attachment to your email. This email is for receiving forms and is not monitored for questions.
- **Mail:** Send your form and any other related documents to 1100 SW Sixth Avenue P9A, Portland, OR 97204-1020.
- **Fax:** Send this form and any other related documents as a single fax to 888.418.6806.

If you have questions about your request, call 800.858.5420 or email [savings@standard.com](mailto:savings@standard.com).

### 1. Retirement Plan Information

COMPLETE THE FOLLOWING (REQUIRED)

Plan Name \_\_\_\_\_

Plan Number: \_\_\_\_\_

You can find your plan name and number on your quarterly account statement or on Personal Savings Center at [standard.com/login](http://standard.com/login). Once you log in, choose My Plan, About Me and My Plan from the menu to see this information. Your plan administrator should also have this information available.

### 2. Participant Verification

Participant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address of Record \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Note:** This is the SSN that is on file with your employer and is used to submit taxes.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 3. The Amount of Your Distribution

Up to \$100,000 can be withdrawn from a qualified plan, 403(b) or 457(b) governmental plan as a coronavirus-related distribution in 2020. This applies to a participant, spouse or dependent either diagnosed with the virus or who experienced adverse financial consequences due to the virus, including quarantine, furlough, layoff or reduced work hours, lack of childcare, closing or reduced hours of a business owner/operator.

CHECK **ONLY** ONE:

**Total Withdrawal Requested:** \$ \_\_\_\_\_ (not to exceed \$100,000)

**Withdrawal Maximum Available In My Account**

#### Optional repayment of distributions

A coronavirus-related distribution may be repaid within three years of the date of distribution and may be made in increments not to exceed the amount of the distribution that would otherwise be eligible for rollover. If you have questions, please call 800.858.5420 or email [savings@standard.com](mailto:savings@standard.com).

Return **all** pages of this form, even if some sections are left blank.

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## 4. Tax Instruction

### A. Federal Taxes

Customarily a 10% penalty applies to distributions made prior to the age of 59 ½; however, this penalty is waived pursuant to the CARES Act. Income tax on the taxable portion of the distribution may be spread over a three-year period. You can choose whether you would like taxes withheld at this time of this distribution or not.

- Do **not** withhold federal taxes
- Withhold federal taxes at the rate of \_\_\_\_% (must be a whole number)

**For Non-Resident Aliens**, an additional taxation may apply. Please submit an IRS Form W-8BEN.

### B. State Taxes

Required state income tax may be withheld from your distribution. In some cases, you may elect not to have the withholding apply or you may elect to increase the rate of withholding. In other cases, state income tax withholding is not required. If you do not make an election below, a tax rate will be applied based on the state in which you live. This is determined by using the address we have for you on file.

- Do **not** withhold state taxes unless required by your state
- Withhold state taxes \_\_\_\_% (must be at your state's minimum and a whole number)

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## 5. Delivery Instructions

If your name or address has changed within the last 14 days, there will be a delay in processing. Delivery method does not affect processing time. Incomplete requests will delay processing.

### A. Regular Mail

- My address is outside the U.S. or its territories. I have included my IRS Form W-9 or W-8 Ben with this request. **Note:** If not attached, this request will be canceled and you will need to resubmit with the correct forms.

### B. Overnight

Use next business day delivery to send my check. An additional fee will be deducted from my account. Next business day delivery is not available for PO boxes. A street address must be supplied, or the check will be sent via USPS mail.

Please note:

If you need to permanently change your address of record, please do so with your employer.

## 6. Required Signatures

### A. Participant Self-Certification

Certification: I acknowledge receipt and understand the terms and conditions relating to the payment and tax implication of my taxable benefits from the plan as explained in the Special Tax Notice Regarding Plan Payments. I also understand that any securities holdings that I have in my account will be sold once I submit this form, and I agree to this liquidation in order to process my distribution. I certify that the above information is true and correct to the best of my knowledge. I understand the trustee of the plan will rely on this information in making the distribution that I have requested. I hereby consent to the payment of my vested account balance.

**CHECK ALL THAT APPLY**

I certify under penalty of perjury that:

- I have experienced adverse financial consequences as a result of my being quarantined, furloughed, laid off, having reduced work hours or being unable to work due to lack of childcare due to the COVID-19.
- I, my spouse or my dependent was diagnosed with the SARS-CoV-2 or COVID-19 virus by a Centers for Disease Control and Prevention approved test.
- As the business owner, or one of the business owners, of the company sponsoring this retirement plan, that the business hours have been reduced or the business closed due to COVID-19.

**X** \_\_\_\_\_

Participant signature

**X** \_\_\_\_\_

Date

Plan Number: \_\_\_\_\_ Participant Name: \_\_\_\_\_

## B. DIRECTION AND ACKNOWLEDGMENT OF PLAN ADMINISTRATOR

### TO BE COMPLETED BY THE PLAN ADMINISTRATOR ONLY

I, in my capacity as Plan Administrator of the above named retirement plan, direct Standard Retirement Services, Inc. (SRS) to process the distribution listed above and acknowledge that SRS is not acting as the Manager of the Approval Process (MAP) or as an Administrative Fiduciary for this distribution.

I represent that I am an authorized signer on behalf of the above-named plan and have authority to instruct the service provider to process this form. By signing this authorization request, I will be responsible for the oversight and authorization of this transaction.

\_\_\_\_\_  
Plan administrator's name (printed)

X

\_\_\_\_\_  
Plan administrator signature

X

\_\_\_\_\_  
Date

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