

COVID-19 Related Certifications

I am providing certain information about my status due to the COVID-19 Pandemic and its effect on me as a participant in this plan. This information will be relied upon by the Plan Sponsor for this retirement plan.

Participant Certification of Eligibility under the CARES Act

In recognition that there are certain relief provided under the Coronavirus Aid, Relief and Economic Security (CARES) Act, I wish to obtain relief for my personal circumstances as a result of COVID-19.

I hereby certify that I satisfy one or more of the following conditions:

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, Washington, DC),

My spouse or my dependent is diagnosed with such virus (using a test approved by the Center for Disease Control and Prevention, Washington, DC), or

I or my spouse or member of my household have experienced adverse financial consequences as a result of the virus noted above due to:

- | | |
|---------------------------------|--|
| Quarantine | Furlough |
| Laid off | Hours reduced due to such virus or disease |
| Unable to work due to childcare | Job offer rescission or start date for a job delayed |
| Reduction in pay | Closing/reduced hours of my business due to such virus |

I certify that I have documentation to demonstrate this information is true and complete. I agree to indemnify and hold harmless the sponsor of the retirement plan stated above, the Plan Administrator and their agents, including all service providers and further including any party relying upon my certifications in acting upon or approving certain actions regarding my account in the retirement plan, from any and all damages arising from their reliance on my certifications.

I agree to receive electronic communications from the retirement plan until I opt out and the Plan Administrator may use my personal e-mail address noted below for any such electronic communications:

Name: _____

Home Address:

Last four digits to my Social Security Number: ____ _

Personal e-mail: _____@_____

Work e-mail: _____@_____

Phone number to call me:

Is the phone number shared by other friends or family? Yes No

Signature of Participant

Printed Name

Date Signed