**TEAMSTERS LOCAL 814 ANNUITY Fund**

**COVID-19 STATUS CERTIFICATION**

# You must complete, sign and date this form if (check the applicable choice(s)):

\_\_\_\_ You are requesting a COVID Distribution from the Local 814 Annuity Fund (“Fund”). (If you qualify as a COVID Participant as set forth herein, your COVID Distribution will not be subject to the mandatory 20% withholding for federal income taxes. We advise you to consult your tax or financial advisor regarding any other tax advantages that may be available to you because of your status as a COVID Participant.)

\_\_\_\_ You have a loan or are seeking a loan from the Fund and are requesting the COVID one-year extension on your scheduled 2020 loan repayments for the remainder of 2020.

\_\_\_\_ You are seeking a loan from the Fund for more than $50,000 or 50% of your account.

# I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby attest below that I am entitled to a COVID Distribution, or a COVID Loan Extension because (check the applicable reason(s)):

\_\_\_\_ I, my spouse, or my child or other tax-dependent has tested (via a CDC-approved test) positive for COVID.

\_\_\_\_ I have experienced adverse financial consequences as a result of being quarantined.

\_\_\_\_ I have experienced adverse financial consequences as a result of being furloughed or laid off or having work hours reduced due to COVID.

\_\_\_\_ I have experienced adverse financial consequences as a result of being unable to work due to lack of childcare due to COVID.

\_\_\_\_ I have experienced adverse financial consequences due to closing or reducing hours of a business owned or operated by me due to COVID.

# As of the date stated below, I hereby declare, under penalties of perjury, that the reasons indicated above for a COVID Distribution or a COVID Loan Extension are factually true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020