



Request for Coronavirus-Related Distribution

(Please submit this waiver along with your application)

The Coronavirus Aid, Relief and Economic Security Act of 2020 ("CARES Act") was signed into law on March 27, 2020. The CARES Act permits qualifying members to receive a "coronavirus-related distribution." I understand that I may receive a distribution of up to \$100,000 if I am a qualified individual. By making this request, I acknowledge that the amount of coronavirus-related distribution(s) which I may obtain from IPERS and any other retirement plan of my employer is limited to the amount of \$100,000 and that I am not exceeding this limit. I further acknowledge that IPERS is relying on my certifications that I qualify for a coronavirus-related distribution and that I will not exceed the applicable limit. Coronavirus-related distributions do not apply to IPERS' annuity payments.

Reason for Coronavirus-Related Distribution

I am requesting a distribution for a coronavirus-related reason. I hereby certify that I have terminated all IPERS-covered employment or I am eligible for a death benefit from a deceased member. I qualify for a coronavirus-related distribution because: (Check one)

I have been diagnosed with COVID-19.

My spouse or dependent has been diagnosed with COVID-19.

I am experiencing/have experienced adverse financial consequences as a result of being quarantined, furloughed, laid-off, reduced work hours, inability to work due to lack of child care because of COVID-19, or the closing or reducing hours of a business I own or operate due to COVID-19.

Additional Acknowledgements

I acknowledge that this distribution is subject to ordinary income taxes. IPERS will reduce the mandatory withholding from 20% to 10% for federal taxes. To the extent otherwise applicable, I understand that the CARES Act waives the 10% early withdrawal penalty tax for coronavirus-related distributions. IPERS has advised me to talk with my personal tax consultant about how this distribution will affect my individual taxes.

I understand that by requesting this distribution that I am requesting a full refund of my account.

I, the undersigned, declare under penalties of perjury, that I have examined this waiver, and, to the best of my knowledge and belief, it is true, correct, and complete.

Member ID: _____

Printed Name: _____

Date: _____

Signature: _____