



International Brotherhood of Electrical Workers Local 728 Annuity Trust Fund



INSTRUCTIONS FOR COMPLETING CARES ACT DISTRIBUTION FORM

I. ACCOUNT INFORMATION

- **Participant Information** - Complete all fields in this section.

II. DISTRIBUTION DESCRIPTION

- **Withdrawal Type:** Select the amount you are requesting to be distributed. This is a one-time distribution of up to \$15,000, or 80% of the account balance, whichever is less. You should view your account balance at <https://retirementplans.vanguard.com/VGApp/pe/PublicHome#/> prior to completing your application. **If your requested distribution amount exceeds your available account balance, your application will be rejected by Vanguard.**
- **Payment Instructions:** Choose one of the checkbox options. If you choose Check to me, a check will be sent to the address provided on **Section I. Account Information**. If you choose Send payment to my bank account via ACH, please complete **Section III. ACH Instructions**.

❖ *Please write your name and SSN on top of page 2.*

III. ACH INSTRUCTIONS

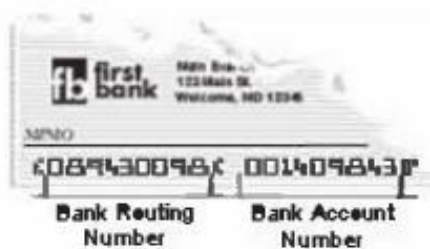
- Complete this section if you selected Send payment to my bank account via ACH on **Section II. Distribution Description**.
- Complete all fields in this section. Choose one of the checkbox options for bank account type.
 - If a *Checking Account* was indicated, please obtain your routing number and account number from a check. The sample image of a check shows you where to get your bank routing number and account number from one of your checks. **You must provide a voided check with your application. This could delay your request if not included.**

ADMINISTRATIVE MANAGER:

National Employee Benefits Administrators, Inc.

2010 N.W. 150th Ave, Suite 100 • Pembroke Pines, FL 33028 • 1.800.842.5899 (Toll Free) • 954.266.6322 • 954.266.2079 (Fax)

www.nebainc.com



- If a *Savings Account* was indicated, please obtain your routing number from a deposit slip. You must provide a deposit slip or other backup that confirms account or routing information. This could delay your request if not included.

IV. INCOME TAX WITHHOLDING

- Choose one of the checkbox options in the Federal Tax Withholding section and one of the checkbox options in the State Tax Withholding section.

V. AUTHORIZATION AND NOTARIZATION

- **Participant Authorization:** You must sign and date the application.
- ❖ *Please write your name and SSN on top of page 3.*
- **Bank Account Owner Authorization:** Complete this section if you selected Send payment to my bank account via ACH on **Section II. Distribution Description**. If you are married or if you will have your distribution directly deposited to a joint bank account, you and the second joint bank account owner must sign and it needs to be notarized. The notary must use a stamp, not an embossing tool.
- ❖ *Please write your name and SSN on top of page 4.*
- **Spousal Consent:** Choose one of the checkboxes in this section, indicating your marital status.
 - If you are **unmarried**, a notary signature is not required.
 - If you are **married**, please have your spouse complete the Spousal Consent section. The spouse must complete the **Notarization/ Affidavit** in the presence of a Notary. The notary must use a stamp, not an embossing tool.
- **Plan Authorization:** This section to be completed by NEBA. Completed applications should be submitted to NEBA, who will review your application and submit the required paperwork to Vanguard for processing. Your completed application can be sent to NEBA via mail, fax, email or secure upload. However, the preferred method of submission is a secure upload via NEBA's website at www.nebainc.com/ibew728cares/. After NEBA receives your fully completed application, Vanguard will disburse your funds within fifteen (15) business days of receipt of your application.

ADMINISTRATIVE MANAGER:

National Employee Benefits Administrators, Inc.

2010 N.W. 150th Ave, Suite 100 • Pembroke Pines, FL 33028 • 1.800.842.5899 (Toll Free) • 954.266.6322 • 954.266.2079 (Fax)
www.nebainc.com

- ✓ Ensure that all required signature lines are signed by the appropriate party. Ensure that the Notary stamp is visible in the scan/picture. Embossing will not show up.
- ✓ Once complete, you may submit your application. Completed applications must be received by NEBA no later than December 15, 2020. **Late applications will not be accepted.**

ADMINISTRATIVE MANAGER:

National Employee Benefits Administrators, Inc.

2010 N.W. 150th Ave, Suite 100 • Pembroke Pines, FL 33028 • 1.800.842.5899 (Toll Free) • 954.266.6322 • 954.266.2079 (Fax)
www.nebainc.com

Name: _____

SSN: _____

III. ACH Instructions

- ☐ Check here if you want any/all of your payments **directly deposited** to your bank account. Please verify with your bank that it is a member of the Automated Clearing House (ACH) network, and that your account type permits electronic transfers, and furnish the following information. Your direct deposit request must be accompanied by a voided check if it is going to checking or a deposit slip or other backup from the receiving financial institution that confirms account and routing information if it is going to savings. Backup should include your name, address, routing number and account number.

Account Registration Name(s): _____

Bank/Credit Union Name: _____

Account Type: ☐ Checking (You must provide a voided check. This could delay your request if not included.)

☐ Savings Account (You must provide a deposit slip or other backup that confirms account or routing information. This could delay your request if not included.)

Routing #:

Account #: _____

If the owner of the Vanguard account specified in Section I is not the sole owner or authorized signer of the bank account specified above, or the signature of one or more additional bank account owners or authorized signers is required in order to authorize electronic bank transfers to or from the bank account, the owner of the Vanguard account and any additional required bank account owner(s) or authorized signer(s) must sign in Section V and have their signatures notarized.

IV. Income Tax Withholding

You are eligible to waive federal tax withholding for this type of distribution. You can also specify a specific withholding amount.

☐ Withhold federal tax. Indicate percentage _____%.

☐ Do not withhold federal tax.

In addition, state tax will be withheld according to your state's guidelines. If you reside in a state that gives you the option not to withhold or to determine a dollar amount or percentage you want to withhold, please indicate below.

☐ Withhold state taxes. Where applicable, indicate specific dollars \$_____ or percentage _____%.

☐ Do not withhold state taxes.

V. Authorization and Notarization

A. Participant Authorization

By signing this form, you are certifying that you meet one of the conditions of an "affected individual" in Section II, and that you will not exceed the \$100,000 aggregate threshold specified by the CARES Act legislation due to other distributions you have already taken from another employer-sponsored qualified plan, multiemployer qualified plan (Union Plan), and/or an IRA. Please be fully aware that Vanguard and the Plan Administrator are not responsible for verifying or determining your need for a coronavirus withdrawal or your compliance with the \$100,000 maximum aggregate distribution threshold.

You are not required to provide backup documentation in advance of your request; however, your Plan Administrator or the IRS may request these backup documents at any time for up to seven years from the withdrawal request date.

By signing this form, you certify your need for the net amount of your withdrawal and that you currently have and will maintain evidence of your eligibility for this distribution with your tax forms so that you may demonstrate that this distribution meets the requirements for a qualified Coronavirus-Related Distribution when you file your taxes for 2020.

Note: Please be sure you have read the "Special Tax Notice Regarding Plan Payments" provided by your benefits office.

Signature of Participant

Date

Name: _____

SSN: _____

V. Authorization and Notarization (continued)

B. Bank Account Owner Authorization

This section is only required if you selected electronic transfer of distributions to a jointly owned bank account in Section III and the signature of one or more additional owners or authorized signers is required in order to authorize electronic transfers to or from such bank account.

All signatures must be notarized. DO NOT sign this form until you are in the presence of the notary public.

In accordance with the instructions in this form, I authorize Vanguard to initiate credit or debit entries to my account at the bank named in Section III. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that Vanguard will not incur any loss, liability, cost, or expense for acting upon the instructions in this form. I understand that this authorization may be terminated by me at any time by written notification to Vanguard and to the bank. The termination request will be effective as soon as Vanguard has had a reasonable amount of time to act upon it.

I represent and warrant to Vanguard that I am an owner or authorized signer on the bank account specified in Section III, and that each other owner or authorized signer of such bank account who is required to sign in order to authorize the initiation of ACH entries to such bank account has signed this Section V.

DO NOT sign this
form until you are
in the presence of
the notary public. >

Signature of Participant

Date

Acknowledgement of Signature

The notarization
must be dated
within 30 days
of receipt of
this document
by Vanguard. >

On

Date *mm/dd/yyyy*

Name of Person Signing

of

County and State

has personally appeared before me, a notary public, has

satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that

(s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand

and official seal.

Signature of Notary Public

Commission Expiration Date *mm/dd/yyyy*

Notary Seal

Seal

DO NOT sign this
form until you are
in the presence of
the notary public. >

Signature of Joint Bank Account Owner

Date

Acknowledgement of Signature

The notarization
must be dated
within 30 days
of receipt of
this document
by Vanguard. >

On

Date *mm/dd/yyyy*

Name of Person Signing

of

County and State

has personally appeared before me, a notary public, has

satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that

(s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand

and official seal.

Signature of Notary Public

Commission Expiration Date *mm/dd/yyyy*

Notary Seal

Seal

Name: _____

SSN: _____

V. Authorization and Notarization (continued)

C. Spousal Consent

By signing below, I certify that I understand that the Plan and/or Vanguard is relying on the information I am providing in this form. I confirm that, to the best of my knowledge, the information I have provided is true and correct as of the date hereof. I agree to indemnify and hold the Plan, The Vanguard Group, Inc., its affiliates, and each of the investment company members of The Vanguard Group, Inc., and their respective officers, directors, employees, and agents (collectively, "Vanguard"), harmless from any liability, cost, or damage of any kind that the Plan and/or Vanguard incurs for relying in good faith upon the information provided by me in this form.

I am over 18 years of age, fully competent to make this affidavit, and confirm by my signature that the information I have stated above is true and correct.

Check one of the following boxes and obtain the signature of a plan representative or a notary below:

☐ I certify that I am unmarried at this time or that I have no knowledge or reasonable means of obtaining knowledge as to the whereabouts of my spouse. I understand that I may need to document this statement to the satisfaction of the Plan Administrator. Notary is only required if you are married for spousal consent.

☐ I am married at this time. My spouse has consented to my withdrawal election by executing the Spousal Consent below.

I, _____, the undersigned spouse of the participant listed above, consent to my spouse's withdrawal election. I understand that my consent is valid for the 90-day period immediately following the date upon which it is given.

Notarization/Affidavit

The Notary Seal must be dated within 30 days of receipt of this document by Vanguard.

> On
of

Date *mm/dd/yyyy*

County and State

Signature of Spouse (affiant)

Signature of Participant

_____ has/have appeared before me, has/have proven to be the individual named in Section 6, and has/have acknowledged that this authorization is his/her wish.

Signature of Notary Public

Commission Expiration Date *mm/dd/yyyy*

Notary Seal

Seal

D. Plan Authorization

To Be Completed by Plan Sponsor

Amount approved and to be processed \$ _____

Signature of Plan Sponsor

Date

Please attach supporting ACH document here.

FORM TO BE RETURNED TO:

VIA MAIL: **IBEW Local 728 Annuity Trust Fund c/o NEBA, Inc.**
2010 N.W. 150th Avenue, Suite 100
Pembroke Pines, FL 33028

VIA FAX: 833-530-3792

VIA EMAIL: 728retirement@secure.neba-fl.com

VIA SECURE UPLOAD: Go to <https://www.nebainc.com/ibew728cares/> in order to submit your application electronically.