

THE LAST DAY THAT KAUFMANN & GOBLE WILL ACCEPT COVID-19 APPLICATIONS IS DECEMBER 27, 2020

DUE TO TAX COMPLIANCE, APPLICATIONS WILL NOT BE ACCEPTED AFTER DECEMBER 27, 2020.

IN ADDITION, DUE TO TAX COMPLIANCE, APPLICATIONS WHICH ARE NOT COMPLETE AND/OR SIGNED, MAY NOT BE ELIGIBLE FOR A COVID-19 DISTRIBUTION.

THEREFORE, PLEASE MAKE SURE THAT ALL SECTIONS OF YOUR APPLICATION ARE COMPLETED AND SIGNED BEFORE SUBMITTING.

COVID-19 DISTRIBUTION REQUEST FORM / SELF-CERTIFICATION FORM

OCTOBER 1, 2020, THROUGH DECEMBER 31, 2020

WAIVER OF MINIMUM NOTICE PERIOD AND ACCURACY OF STATEMENTS

I am applying for a COVID-19 Distribution. I understand that, in order to qualify for this distribution, I must have been involuntarily terminated from Covered Employment on or after March 1, 2020, as a result of the impacts of COVID-19 and am currently unemployed. I understand that I must not have worked in Non-Covered Employment in the Pipe Trades Industry for a non-signatory Employer. NOTE: A Participant who is dispatched or returns to Covered Employment before a distribution has been made from the Plan will not be entitled to a COVID-19 Distribution.

Under the COVID-19 Distribution, I understand ALL of the following:

- I understand that if I qualify, I am entitled to take **one (1)** COVID-19 Distribution from October 1, 2020, through December 31, 2020. The maximum gross dollar amount permitted for ALL COVID-19 Distributions combined from March 1, 2020, through December 31, 2020, is \$75,000.
- I understand that this is a temporary distribution option which will terminate as of December 31, 2020.
- I understand that this is a taxable distribution; however, I further understand that the Plan is not required to take a 20% mandatory withholding of Federal Income taxes on COVID-19 distributions. I understand that it is recommended that I consult with my Tax Advisor on current tax rules applying to COVID-19 distributions and the impact if I select zero or a small amount of withholding.
- I understand that the Plan will do its best to expedite COVID-19 distributions in a timely manner, based on the date order received.
- I understand that an incomplete Distribution Request Form or failure to provide required documents will delay processing of my Distribution Request.
- I have at least thirty (30) days to consider my distribution option before making that decision, and I elect to affirmatively waive any unexpired portion of that 30-day review period to permit immediate processing/distribution.
- I am liable for any income tax assessed by the IRS or State.
- Once my distribution payment has been processed, it cannot be changed except as permitted under Plan Rules.

I hereby certify the following:

- The information I have provided, including the Social Security Number, contained in this Distribution Request Form is, to the best of my knowledge, accurate and complete.
- I have received and, if applicable, read the *Notice of Spousal Rights*.
- I have received and read the *Special Tax Notice*.

I certify that, in addition to being involuntarily terminated from Covered Employment, I also meet at least one of the following:

- I was diagnosed with the virus SARS-CoV-2 or with Coronavirus Disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention ("CDC"), including a test authorized under the Federal Food, Drug, and Cosmetic Act; or
- My spouse or other member of my household was diagnosed with COVID-19 by a test approved by the CDC, including a test authorized under the Federal Food, Drug, and Cosmetic Act; or
- Due to COVID-19, I have experienced adverse financial consequences because: (i) I was quarantined; (ii) I was furloughed or laid off on or after March 1, 2020; (iii) I was unable to work due to lack of childcare; or (iv) a business owned or operated by me closed on or after March 1, 2020.

I understand that, for a COVID-19 distribution, my signature on the Marital Status Affidavit and, if applicable, my Spouse's signature on the Spousal Consent do not require notarization and am, therefore, certifying to the validity of these signatures.

I have read the Plan requirements to the Northern California Pipe Trades Supplemental 401(k) Retirement Plan COVID-19 Distribution Request Form noted above and have complied with the Plan's requests and requirements. I acknowledge and understand that I am bound by the Plan Rules and Regulations.

I understand that the falsity of any statement within this Distribution Request Form, or the furnishing of fraudulent information or documents, shall be sufficient reason for the postponement, denial, or suspension of Plan Benefits and that the Board of Trustees, or its delegate, has the right to recover any benefit payments, costs, and attorney's fees incurred as a result of such false statements or submission of fraudulent information.

I certify under penalty of perjury under the laws of the State of California that the foregoing information provided within this Distribution Request Form and any attachment(s) is true and correct.

Plan Participant Signature: _____ Date: _____

Print Name: _____ Last 4 digits of SS#: _____

Complete and return this Form (original is not required) and any additional required documents to the Plan's Distribution Administrator:

NCPT Supplemental 401(k) Retirement Plan Distribution Administrator

Kaufmann and Goble Associates

160 W Santa Clara St., Suite 1550

San Jose, CA 95113-1734

Email: 342distributions@kandg.com

Fax: 408/298-1180

For questions, please contact Kaufmann and Goble Associates at 800/767-1170 and select option 4 so that your call can be directed.

DISTRIBUTION APPLICATION

SECTION A: PARTICIPANT INFORMATION – Type or print clearly in black or blue ink

Last Name	First	Initial	Last 4 Digits Social Security Number XXX – XX –
Mailing Address			Date of Birth
City/State		Zip Code	
Email Address	Primary Phone Number ()	Secondary Phone Number ()	

SECTION B: EMPLOYMENT INFORMATION (REQUIRED)

Name of Last Employer	Date Last Worked
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SECTION C: MARITAL STATUS

Marital Status:

Never Married Married* Separated - Date of Separation: _____
 Divorced** Divorced** and Remarried Divorce in Progress
 Divorced** and Widowed Widowed

* If you are currently married, please complete the information below:

Name of Spouse: _____ SSN of Spouse: _____
 Date of Birth of Spouse: _____

** If you divorced during your employment in the Pipe Trades Industry and have not previously submitted documents, please attach a copy of your Final Judgment(s) of Marital Dissolution, any Marital Settlement Agreement(s), Qualified Domestic Relations Order(s) (“QDRO”), Stipulation of Judgement(s), any written agreement of your Marital Dissolution, or any other document(s) which address your Pension and/or Supplemental 401(k) Retirement Benefits.

Please indicate the name of your ex-Spouse(s) and the date(s) of your divorce(s):

Ex-Spouse Name: _____ Divorce Date: _____

SECTION D: PAYMENT INSTRUCTIONS – *Type or print clearly in black or blue ink*

Last Name	First	Initial	Last 4 Digits Social Security Number
			XXX – XX –

PAYMENT OPTION

A Lump-sum Payment to Yourself (Distribution of Entire Account Balance.)

A Partial Lump-sum Payment to Yourself in the amount of \$ _____.

NOTE: The maximum gross dollar amount permitted by the Plan for ALL COVID-19 Distributions combined is \$75,000.

DELIVERY OPTION

Electronic Fund Transfer ("EFT")

Check the applicable box: Checking Account Savings Account

Bank/Deposit Institution Name:

EFT Routing Number of the Institution:

Your Account Number at the Institution:

NOTE: *In the event the EFT cannot be completed, your Distribution will be delivered in the form of a check mailed to the address listed on this Distribution Request Form.*

Check mailed to the address listed on this Distribution Request Form.

TAX WITHHOLDING ELECTIONS

I understand that IRS RULES DO NOT REQUIRE A MANDATORY WITHHOLDING OF FEDERAL TAXES ON COVID-19 DISTRIBUTIONS.

LUMP SUM DISTRIBUTIONS OPTIONS

Federal Taxes: Do NOT Withhold; OR Withhold _____ % of my payment amount.

State Taxes: Do NOT Withhold; OR Withhold _____ %; OR a fixed \$ _____ of my payment amount.

SECTION E: SPOUSAL CONSENT – *Type or print clearly in black or blue ink*

Last Name	First	Initial	Last 4 Digits Social Security Number
			XXX – XX –

PROVIDE SPOUSAL CONSENT TO PAYMENT OPTION (IF APPLICABLE)

My Current Marital Status:

Married Separated

If you are married or separated, the Spousal Consent below **must** be completed unless your total account balance is less than \$5,000 (see accompanying *Notice of Spousal Rights*).

I, _____, the Spouse of the Plan Participant, certify that I have received and read the provisions in the *Notice of Spousal Rights*. I understand that the Plan Participant is permitted to withdraw up to a maximum gross dollar amount of \$75,000 for all COVID-19 distributions combined from March 1, 2020, through December 31, 2020. I further understand that my consent cannot be changed unless my Spouse revokes his/her waiver election prior to the commencement date for payment of benefits.

Printed Name of Spouse	Signature of Spouse	Date

NOTARY IS NOT REQUIRED FOR COVID-19 DISTRIBUTIONS

MARITAL STATUS AFFIDAVIT

(Statement Under Penalty of Perjury)

Please check the Statement(s) that apply to you and complete your information below.

- I have never been married and am currently single.
- I have never been divorced and am currently married to _____.

Print Spouse's Name
- I have never been divorced and am currently widowed.
- I am widowed and remarried to _____.

Print Spouse's Name
- I am currently separated from my spouse _____ . The date of separation is _____.

Print Spouse's Name
- I am divorced and currently single.
- I am divorced and currently widowed.
- I am divorced and remarried to _____.

Print Spouse's Name

If you checked any of the last 3 boxes above (referencing divorced), you must also check the box(es) below that apply to you.

- I have attached or have previously submitted a court filed Qualified Domestic Relations Order(s) (“QDRO”) to the Trust Fund Office.
- I am in the process of obtaining a court filed QDRO.
- I have attached or have previously submitted a court filed Final Judgment of Dissolution of Marriage to the Trust Fund Office.
- There is no court order or other pleading which awards any portion of my Retirement Benefits with the Northern California Pipe Trades Supplemental 401(k) Retirement Plan and/or Predecessor Plan(s), to a former spouse or any other person, or which reserves jurisdiction over my Retirement Benefits with the Northern California Pipe Trades Supplemental 401(k) Retirement Plan and/or Predecessor Plan(s), nor is there any court order, pleading, agreement, or other document which prevents the Northern California Pipe Trades Supplemental 401(k) Retirement Plan from making a full distribution to me.

I, _____, a Participant in the Northern California Pipe Trades Supplemental 401(k) Retirement Plan

Print Participant's Name

certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Participant's Signature

Date

Last four digits of Social Security Number

NOTARY IS NOT REQUIRED FOR COVID-19 DISTRIBUTIONS

SPECIAL TAX NOTICE

Taxes, Waiver of Premature Tax Penalties during 2020 and Tax Withholding. You will be responsible for paying ordinary taxes on the Coronavirus-Related Distribution. Fortunately, Congress amended the law to eliminate the IRS 10% premature tax penalty for such early distributions during 2020 and does not require a mandatory 20% withholding on the distribution. You may elect to withhold any amount you want (otherwise the tax withholding will be 10%). This includes electing to withhold no taxes.

The state of California has amended the law to eliminate the 2.5% premature state tax penalty for early distributions during 2020.

While the distribution is subject to ordinary income tax, you can choose to include one-third (1/3) of the taxable amount in your income each year for three (3) consecutive years in order to spread the tax burden over a longer period. You are encouraged to consult with a Tax Advisor regarding this matter.

Option to Repay the Plan During Three-Year Period Following Distribution. In addition, if you wish, you have the right to repay the distribution to the Plan at any time during the three (3) year period beginning on the day after the date on which your Coronavirus-Related Distribution is received by you. If you do not repay the distribution within the three (3) year repayment period, then you lose the opportunity to repay the distribution. The repayments may be made in one or more installments which in the aggregate may not exceed the total amount of the Coronavirus-Related Distribution made to you. You are encouraged to consult with a Tax Advisor regarding the repayment option.

NOTICE OF SPOUSAL RIGHTS

This Notice is addressed to the spouse of a Plan Participant who is also the Participant’s designated Beneficiary under the Northern California Pipe Trades Supplemental 401(k) Retirement Plan. This Notice does not apply to an unmarried Participant.

Summary of Spousal Rights

The Northern California Pipe Trades Supplemental 401(k) Retirement Plan (referred to as “the Plan” in this Notice) is an individual account Plan. In other words, the value of your spouse’s Retirement Benefit under the Plan at any time is exactly equal to the value of his or her Account. When applying for benefits, your spouse must choose between the following types of payment:

- A lump-sum payment of the current Account value at the time of payment, either paid to your spouse, or rolled over to an IRA or other eligible benefit plan.
- A series of periodic payments (monthly, quarterly, etc.) in fixed amounts which will continue until the balance in your spouse’s Plan Account is zero.
- A Qualified Joint and Survivor Annuity (QJSA). **If this option is chosen, the annuity is normally purchased from an insurance company after liquidating the assets in your spouse’s Account.** Such an annuity would be paid monthly for the life of your spouse. Further, if your spouse should die before you, a fixed percentage of the monthly benefit will continue to be paid to you for the remainder of your life. The fixed percentage referred to in the preceding sentence must be selected on or before retirement and must be between 50% and 100%.

Federal Law Requires That:

- Plan Benefits are normally paid as a Qualified Joint and Survivor Annuity.
- The spouse of a married Participant who is also the Participant’s designated Beneficiary under the Plan has the right to a Qualified Pre-Retirement Survivor Annuity (“QPSA”), further explained below. This essentially means that the spouse has a right to be paid a monthly annuity based on the value of the Participant’s Account in the event that the Participant dies *before* retiring.
- If a married Participant with a spouse beneficiary wishes to receive benefits in a form other than a Qualified Joint and Survivor Annuity, then the spouse must waive his or her right to both the Qualified Joint and Survivor Annuity and the Qualified Pre-Retirement Survivor Annuity before benefits can be paid.

The material on the following page is intended to help explain the QJSA and QPSA concepts in somewhat greater detail and to ensure that you understand your rights in connection with your spouse’s decision to receive Plan Benefits. If you should have further questions, you may contact the office responsible for processing Plan payments, Kaufmann and Goble Associates, at 800/767-1170, and dial 0 for your call to be directed.

1. What is a Qualified Joint and Survivor Annuity (“QJSA”)?

Federal Law requires the Plan to pay Retirement Benefits in a special payment form unless your spouse chooses a different payment form and you agree to that choice. This special payment form is often called a “Qualified Joint and Survivor Annuity” or “QJSA”. The QJSA payment form gives your spouse a monthly Retirement Benefit payment for the rest of his or her life. This is often called an “annuity”. Your spouse’s Account is used to purchase the annuity. Under the QJSA payment form, if your spouse dies before you, each month the Plan will pay you a percentage of the Retirement Benefit that was paid to your spouse. The benefit paid to you after your spouse dies is often called a “survivor annuity” or a “survivor benefit”. You will receive this survivor benefit for the rest of your life.

Example

Pat Doe and Pat’s spouse, Robin, choose to receive payments from the Plan under the 50% QJSA payment form. Upon Pat’s retirement; Pat receives \$600 each month from the Plan until Pat dies. The Plan will then pay Robin \$300 a month for the rest of Robin’s life.

2. How Can Your Spouse Change the Way Benefits Are Paid?

You and your spouse will receive Retirement Benefits from the Plan in the special QJSA payment form required by Federal Law unless your spouse chooses a different payment form and you agree to the choice. If you agree to change the way the Plan’s Retirement Benefits are paid, you give up your right to the special QJSA payments.

3. Do You Have to Give Up Your Right to the QJSA Benefit?

Your choice must be voluntary. It is your personal decision whether you want to give up your right to the special QJSA payment form.

4. What is a Qualified Pre-Retirement Survivor Annuity (“QPSA”)?

Federal Law gives you the right to receive a monthly death benefit from the Plan if your spouse dies before you, unless your spouse chooses to give up this monthly death benefit and you agree to that choice. You have the right to receive this monthly death benefit for the rest of your life beginning no later than when your spouse could have begun receiving Retirement Benefits. The death benefit is equal to the equivalent monthly value of your spouse’s Account; that is, the value of a monthly annuity purchased with the total Account value. This death benefit is often called a “Qualified Pre-Retirement Survivor Annuity” or “QPSA” benefit. (The Plan will pay this benefit in a lump sum, rather than as a QPSA, if the value of your spouse’s Account is \$5,000 or less.)

Example

Pat Doe dies at age 45 after earning a Retirement Benefit. The value of Pat’s death benefit is more than \$5,000. If Pat had lived, Pat could have retired and begun receiving payments as early as age 55 under the Plan’s terms. If the QPSA benefit is chosen, the Plan will liquidate Pat’s Account and purchase an annuity that will pay a monthly benefit to Pat’s spouse, Robin Doe, for the rest of Robin’s life. Robin has the right to begin receiving benefits the first of the month following the month that Pat would have attained age 55.

5. Do You Have to Give Up Your Right to the QPSA Benefit?

Your choice must be voluntary. It is your personal decision whether you want to give up your right to the QPSA benefit.