

Please follow the steps shown below to ensure we are able to process your request in a timely manner. This form is used to request a one-time payment from your VantagePoint Individual Retirement Account (IRA).

1. Complete the *Self-Certification Form* and *Coronavirus-Related Distribution Form*.
2. **Fax or mail the completed form and other applicable documents to ICMA-RC.**

Fax: ICMA-RC
ATTN: Workflow Management Team
202-682-6439

Mail: ICMA-RC
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Please keep a copy of the completed form for your records.

TIME FRAME FOR PROCESSING CORONAVIRUS-RELATED DISTRIBUTIONS

Following the receipt of your properly completed paperwork, withdrawals will be distributed as soon as possible (typically within three business days).

At ICMA-RC, we take security of our account holders retirement assets seriously. We have security measures in place, and we continuously apply enhancements to safeguard your assets.

Additional care is taken regarding the security of your account when processing withdrawal requests. Adding or changing personally identifiable information on file with ICMA-RC may delay your withdrawal

EMAIL CONFIRMATIONS

ICMA-RC is now sending many confirmation notices via email, including confirmations related to your withdrawal requests. Please be sure to provide your email address in section 1 of the form.



SELF-CERTIFICATION FORM CORONAVIRUS-RELATED DISTRIBUTION ELIGIBILITY^(required)

Account Number: _____

I, _____ (account holder name), have requested a Coronavirus-Related Distribution from the above account number. To be eligible for the Coronavirus-Related Distribution, I hereby certify that I meet one of the following criteria:

- I have been diagnosed with the virus SARS-CoV-2 or with coronavirus (COVID-19) by a test approved by the Centers for Disease Control and Prevention.
- My spouse or dependent (as defined in Code section 152) is diagnosed with such virus or disease.
- I have experienced adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, or other factors as determined by the Secretary of the Treasury.

I make this certification on this day, ____/____/____ (MM/DD/YYYY)

Signature: _____

Printed Name: _____



IRA WITHDRAWAL FORM CORONAVIRUS-RELATED DISTRIBUTION

CORONAVIRUS-RELATED DISTRIBUTION

- Code Section 72(t), which applies an additional 10% tax on early withdrawals, is waived for withdrawals up to \$100,000 across all retirement plans or IRAs for a qualified account holder.
- Those individuals may prorate the payment of applicable tax on the income from the withdrawal over a three-year period.
- The withdrawal amount may be paid tax-free back to the IRA over the next three years.
- Repayments of these withdrawals would not be subject to the IRA contribution limits

1 ACCOUNT HOLDER INFORMATION

Account Number: _____

Full Name: _____

Mailing Address: _____

Date of Birth: ____/____/____ (MM/DD/YYYY) Social Security Number: ____-____-____

Preferred Phone Number: (____) ____-____-____ Email Address: _____

2 PAYMENT AMOUNT

A check for the amount specified, reduced by applicable tax withholding, will be sent to the above mailing address.

Payment Amount: \$_____ (up to \$100,000)

Note: CARES Act provides a maximum relief of up to \$100,000 across all retirement accounts you may own.

Distributed amounts will be reported on Form 1099-R, which will be sent to you in January.

3 TAXATION AND WITHHOLDING REQUIREMENTS

If you do not provide withholdings instructions, 10% will be withheld for federal income taxes and NO state income tax will be withheld.

- a) Withhold Federal income tax at the rate of _____% OR No Withholding
- b) Withhold State income tax at the rate of _____% OR No Withholding (default)

4 ACCOUNT HOLDER SIGNATURE

I acknowledge I have received, read, and signed the Coronavirus-Related Loan Suspension Self-Certification Notice. I direct ICMA-RC to process the request indicated above. As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided is correct.

Account Holder Signature: _____

Print Name: _____

Date: ____/____/____ (MM/DD/YYYY)