

**BUFFALO LABORERS SECURITY FUND
CORONAVIRUS-RELATED DISTRIBUTION FORM**

I. GENERAL INFORMATION:

Name: _____

Address: _____

SS#: _____

Date of Birth: _____

Phone Number: _____

Amount Requested: _____

As a reminder, the maximum amount you may withdraw for a Coronavirus-Related Distribution is the lesser of \$10,000 or 50% of your account balance. If the amount available to withdraw is less than the amount you requested, you will receive the available amount.

II. TAX WITHHOLDING

Please indicate below your withholding instructions. The Fund will withhold 10% for federal income tax purposes unless you opt out of withholding or request a different percentage be withheld.

The less tax that is withheld during the year, the more likely you are to end up paying at tax time. If you elect to have no amount withheld, you may be responsible for payment of estimated tax. You should consider discussing this election with your tax advisor.

Withhold 10% for federal income taxes.

Withhold ____% (fill in requested amount) for federal income taxes (**if you check this box, you must complete Form W-4P**).

Do not withhold for federal income taxes (**if you check this box, you must complete Form W-4P**).

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III. SELF-CERTIFICATION AND SIGNATURE

I hereby request a Coronavirus-Related Distribution from the Plan in the amount stated above.

I certify that I qualify for a Coronavirus-Related Distribution for one or more of the following reasons:

- (1) 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 (including a test authorized under the Federal Food, Drug, and Cosmetic Act);
- (2) my spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or
- (3) I have experienced adverse financial consequences because:
 - (i) I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;
 - (ii) I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;
 - (iii) a business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or
 - (iv) I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

I certify that this request, when combined with any other Coronavirus-Related Distributions I have received from this Plan or other plans and IRAs does not exceed \$100,000. I also certify that I have advised the Plan of any pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my Plan account to my spouse, former spouse, child or other dependent and understand that a false statement by me may result in legal damages for which I will be fully responsible.

I further acknowledge that the Plan is relying on my certifications that I qualify for a Coronavirus-Related Distribution. I also acknowledge that it is my responsibility to maintain information related to this self-certification in my tax files.

Participant's Signature _____ Date: _____

Print Name: _____