

TEAMSTERS LOCAL 282 ANNUITY FUND COVID-19 STATUS CERTIFICATION

You must complete, sign and date this form if (check the applicable choice(s)):

_____ You have received or are requesting a distribution from the Local 282 Annuity Fund ("Fund"). If you qualify as a COVID Participant as set forth below, your distribution will not be subject to the mandatory 20% withholding for federal income taxes. We advise you to consult your tax or financial advisor regarding any other tax advantages that may be available to you because of your status as a COVID Participant.

_____ You have a loan or are seeking a loan from the Fund and are requesting the COVID-19 one-year extension on your scheduled 2020 loan repayments for the remainder of 2020.

I, _____, hereby attest below that I am a COVID-affected individual because (check the applicable reason(s)):

_____ I, my spouse, or my child or other tax-dependent has tested (via a CDC-approved test) positive for COVID-19.

_____ I have experienced adverse financial consequences as a result of being quarantined.

_____ I have experienced adverse financial consequences as a result of being furloughed or laid off or having work hours reduced due to COVID-19.

_____ I have experienced adverse financial consequences as a result of being unable to work due to lack of childcare due to COVID-19.

_____ I have experienced adverse financial consequences due to closing or reducing hours of a business owned or operated by me due to COVID-19.

As of the date stated below, I hereby declare, under penalties of perjury, that the foregoing statements are factually true and correct.

Signature

Date: _____, 2020