

Application for Coronavirus-Related Solo 401k Distribution

Participant Information

Name _____

Address _____

1. Amount. I request a distribution amount of: \$_____ (may not exceed \$100,000)

2. Affirmation. As a Participant in the Solo 401k for my small business, I hereby apply for a coronavirus-related distribution from my vested balance. I certify that I have experienced the following (select all that apply):

I have been diagnosed with the SARS-CoV-2 virus or a COVID-19-related disease

My spouse and/or dependent has been diagnosed with the SARS-CoV-2 virus or a COVID-19-related disease

I have suffered "adverse financial consequences" due to (select all that apply):

A health-related quarantine

A furlough

A lay off from employment

A reduction in work hours

A lack of child care

3. Representations. I understand that:

a. My application for this distribution is irrevocable, and I must submit it in time to permit distribution by December 31, 2020.

b. This distribution is not subject to the 10% early withdrawal penalty or federal tax withholding.

c. I can roll all or part of this distribution back into the plan within 3 years of the date listed below.

d. Subject to IRS rules, income taxes on the part of this distribution that I do not roll over to the plan or an IRA must be paid over three years, starting with my 2020 taxable year.

4. Acknowledgement/Authorization

Signature of Participant

Date of Execution