



The CARES Act - Retirement Plan Provisions

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted into law on Friday, March 27, 2020. The provisions of the CARES Act positively impact retirement plan participants by allowing qualified individuals greater access to their retirement funds.

A qualified individual must meet one or more of the following conditions:

- A person diagnosed with COVID-19 using a test approved by the Centers for Disease Control (CDC),
- A person whose spouse or dependent is diagnosed with COVID-19 using a test approved by the CDC, or
- A person who experiences adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of childcare due to COVID-19, closing or reducing hours of a business owned or operated by the individual due to COVID-19; or
- Other factors as determined by the Secretary of the Treasury;

CARES Act Provisions--provided within the Oklahoma County Defined Contribution Plan

Coronavirus-related Loans

- Loan payment deferment for up to one year for existing or new, coronavirus-related loan requests
- Subsequent payments, including interest that accrues during the delay period, must be amortized over the extended repayment period.
- The 5-year maximum term for repayment will be extended for one year

As always, we are here to help you understand the new rules relating to your retirement plan. Please contact InvesTrust Retirement Specialists at (866) 848-0258 or by email at sponsor@investrust.com should you have any questions.

You may also go to <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf> to learn more.



Coronavirus Loan Deferment Request and Self-Certification Form

Participant Information

Employer Name / Plan Name

Social Security Number: Last, First Name: Date of Birth:

Phone Number: Email: _____

Coronavirus Related Circumstance:

- Participant has been diagnosed with COVID-19
- The participant's spouse or dependent has been diagnosed with COVID-19
- The participant is experiencing adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to COVID-19, closing or reducing hours of a business owned or operated by the individual due to COVID-19.

Loan Deferment Request and Employee Certification:

- I hereby request that my loan payments be deferred for 12 months.
- I have read the Coronavirus-related eligibility conditions above and am aware of the criteria necessary to qualify for a Coronavirus-related loan payment deferment.

By signing below, I hereby confirm that the information on this form is correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Please return completed form to :

InvesTrust Retirement Specialists
5100 N Classen Blvd, Suite 620
Oklahoma City, OK 73118

Forms may also be delivered by email to sponsor@investrust.com or by faxing to (888)748-7835.

Plan Administrator Authorization:

Signature of authorized plan representative: _____ Date: _____