CARES Act Hardship Withdrawal Request

Online Form Instructions

Requesting a CARES Act Hardship withdrawal online is a simple process which eliminates the chance of errors associated with paper forms, and ensures your request arrives at The Pension Boards quickly and safely.

Below you will find step-bystep instructions which will guide you through completion of your request. Please note – use of the online form requires you to complete the form on your computer or tablet. You may not complete the form using your phone.

Once you have completed the form, an electronic version will be emailed to you for your records. The form will also be electronically transferred to The Pension Boards for processing. Please allow up to 7 business days for processing.

If spousal consent is required, complete the first two parts of the form. You may then either print the form and take it to a Notary Public for signature, or you may use the online electronic Notary function. If selecting the online Notary an actual licensed Notary will contact you through the form filler application.

If you have selected the option to use electronic notary, please have proof of ID such as a valid driver's license or government issued ID or Passport handy. Your spouse must be present with you during this step and must also have valid identification. Detailed instructions will be provided by the notary assigned to your case.

This is what you will see on the right side of your screen after clicking on the form link. This is an image of the form you will be filling out.

The Pension Boards–United Church of Christ, Inc.

CARES Act Hardship Withdrawal Application

PERSONAL INFORMATION

Name (last, first, middle initial)	Title	Office Use Only
Address (number and street)	Phone (incl area code)	
City/Town	Email	
State/ZIP	Member Number	
Amount of Withdrawal $	Last 4 digits of SSN	

DISTRIBUTION METHOD

Select Electronic Funds Transfer (1) or Mail Check (2)

1) Electronic Funds Transfer (EFT) ☐ Checking ☐ Savings

Please complete for EFT

Bank Routing Number (Nine digits, starts with 0, 1, 2, 3, or 4)	Bank Name
Checking or Savings Account Number	Checking or Savings Account Owner Name

2) Mail Check ☐

CONSENT OF SPOUSE AND NOTARY CERTIFICATION

(Required if the member is married)

☐ I hereby consent to the election by my spouse. I understand that no annuity benefits will be payable to me on TSA distributions not replaced by the member/spouse pursuant to Section 4.15 of the Annuity Plan of The United Church of Christ, Inc.

Spouse's name (please print)	Date
Spouse's signature	
Signature and stamp of Notary Public	Date

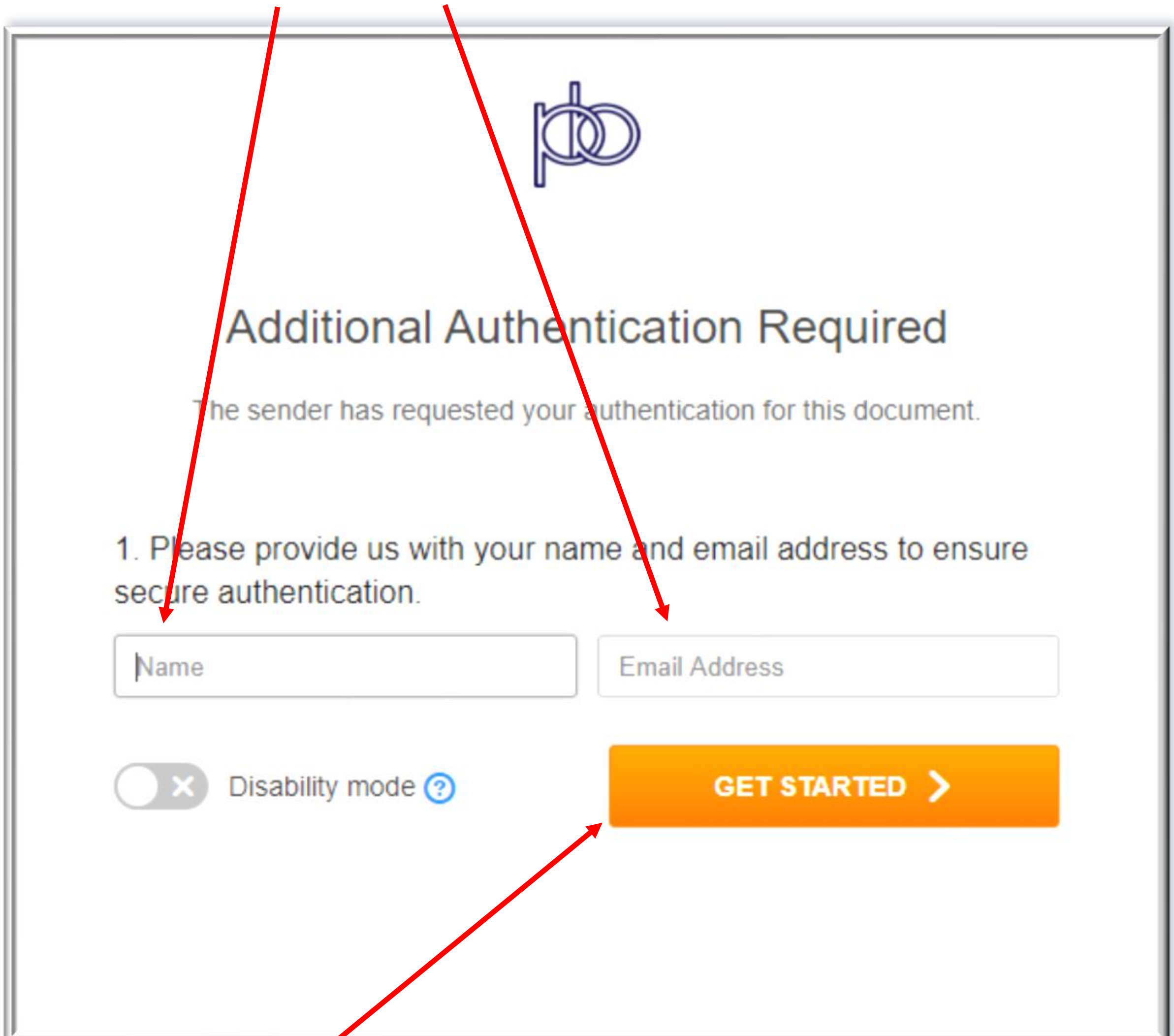
CERTIFY SIGN AND DATE

I hereby certify that I qualify for a "coronavirus-related distribution" and the requested distribution is within the limits and requirements pursuant to Section 4.15 of the Annuity Plan of The United Church of Christ, Inc.

Member's signature	Date

This is what you will see on the left side of your screen.

Please enter your name and email address



Then click “GET STARTED”

You are now presented with a disclosure statement necessary to sign your form electronically.

Electronic Record and Signature Disclosure

Agreement to do business with **The Pension Boards UCC**

Electronic Record and Signature Disclosure

From time to time, **The Pension Boards UCC** (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the airSlate, Inc. (airSlate) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "Send and Start" button below.

- **All notices and disclosures will be sent to you electronically**

  We will be providing you via electronic mail to the your email address of all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you.

- **Valid and current email address, notification and updates**

  Your current valid email address is required in order for you to continue to use airSlate signing system and receive notices and disclosures as required by law. After you complete this document, you will be prompted to enter your email address. You must enter your email address. You agree to keep **The Pension Boards UCC** and airSlate informed of any changes in your email address. To advise **The Pension Boards UCC** of a change in your e-mail address, please send an email to **tnolan@pbucc.org**.

  To let airSlate know of a change in your e-mail address, you must contact airSlate support team by email via support@airslate.com. It is your responsibility to check your email for Electronic Communications and to check for updates to this Agreement.

Send Disclosure over the email

Start

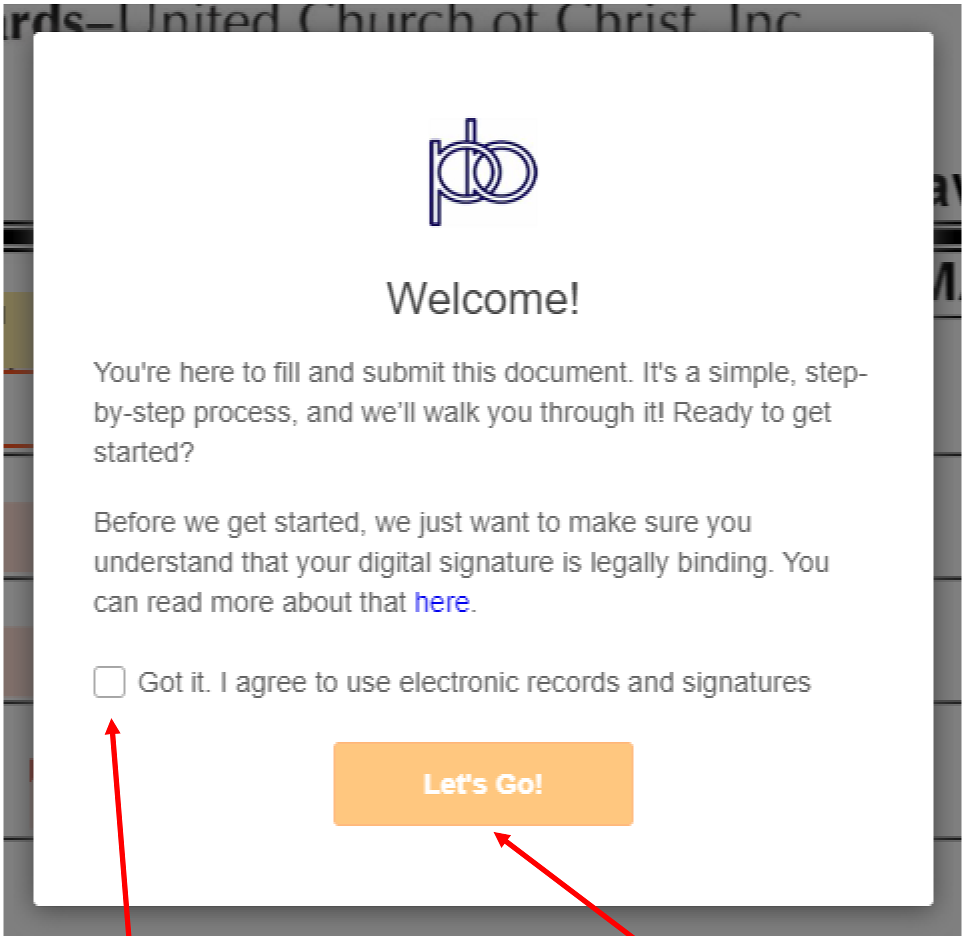
You can elect to have a copy of the

disclosure sent to you by email

Or

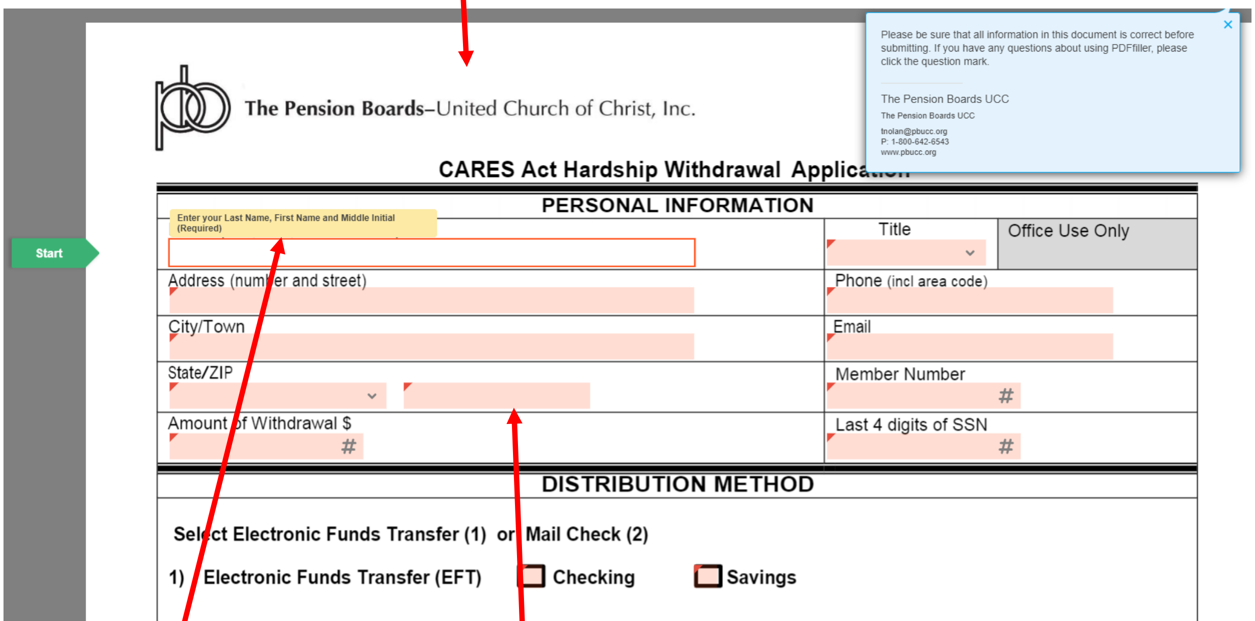
Simply click "START"

When you click “START” you are presented with the following screen



Check the box if you wish to sign the form electronically and then click “Let’s Go!”

Clicking “Let’s Go” opens the actual electronic form


Please be sure that all information in this document is correct before submitting. If you have any questions about using PDFfiller, please click the question mark.

The Pension Boards UCC
The Pension Boards UCC
tnolan@pbucc.org
P: 1-800-642-6543
www.pbucc.org

Start

The Pension Boards–United Church of Christ, Inc.

CARES Act Hardship Withdrawal Application

PERSONAL INFORMATION

Enter your Last Name, First Name and Middle Initial (Required)

Title

Office Use Only

Address (number and street)

Phone (incl area code)

City/Town

Email

State/ZIP

Member Number #

Amount of Withdrawal $ #

Last 4 digits of SSN #

DISTRIBUTION METHOD

Select Electronic Funds Transfer (1) or Mail Check (2)

1) Electronic Funds Transfer (EFT) Checking Savings

All Peach colored fields are required !

At the top of each field you will see helpful tips telling you how to complete each field.

Simply start entering your information. At the end of each field simply hit ”enter” or “return”

The system will automatically move you to the next field.

Please enter the information exactly as described. For example, when entering your phone number only enter the digits. When you enter your member ID enter only the digits and so on for each field.

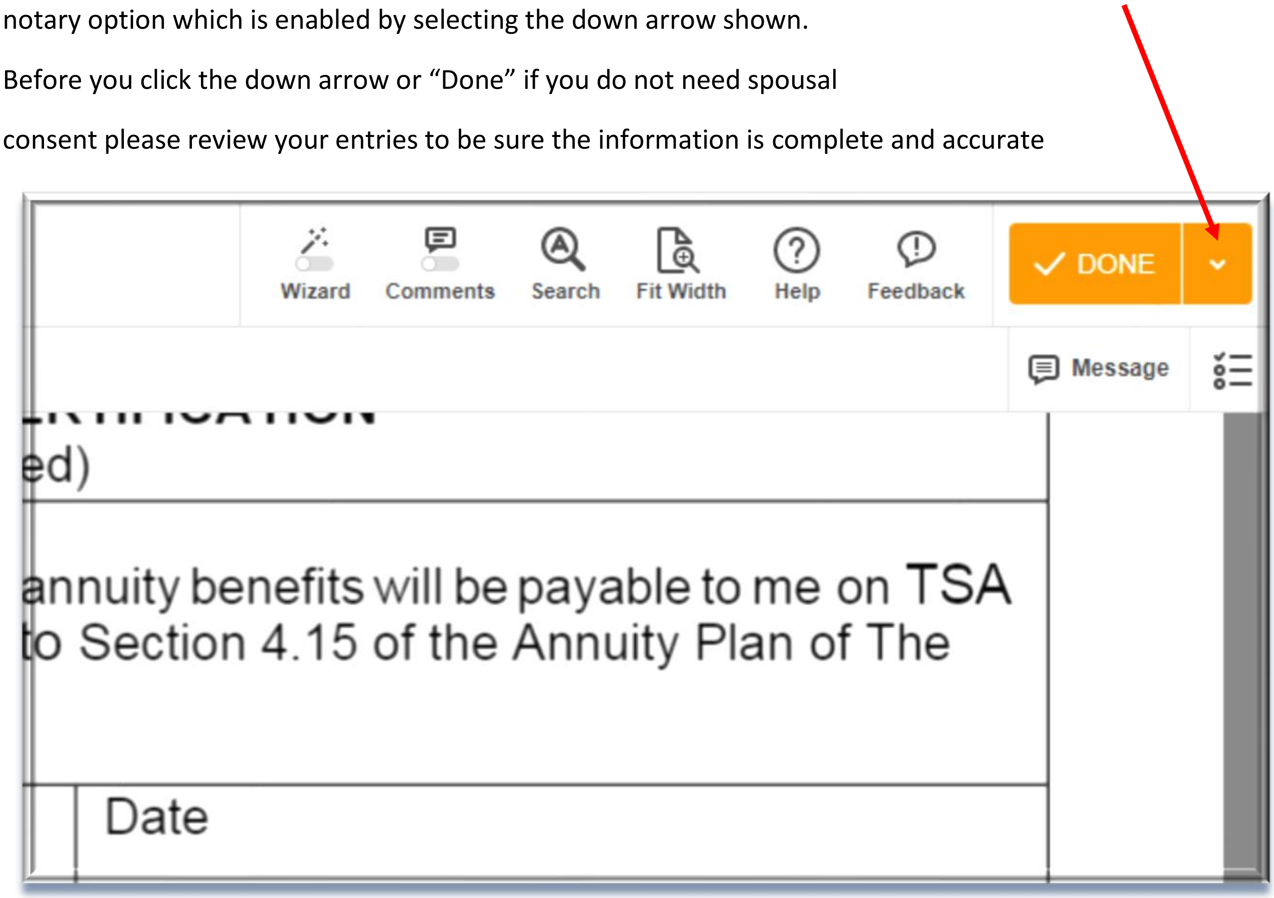
When you reach the point of selecting the distribution method the system will move you through the fields based on your selection.

Once you are done entering your information you will be able to electronically sign the document and it will be sent to The Pension Boards for processing. You will also receive a copy of the completed form at the email address you provided.

If you need spousal consent you have the option to print and take it to a notary or use the electronic notary option which is enabled by selecting the down arrow shown.

Before you click the down arrow or "Done" if you do not need spousal

consent please review your entries to be sure the information is complete and accurate



IMPORTANT! If you need spousal consent and have selected the option to use electronic notary a live licensed notary will connect with you via the form fill system. Please have proof of ID such as a valid driver license or government issued ID or Passport handy.