

DECLARED DISASTER DISTRIBUTION REQUEST FORM

PLAN NAME		
		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
NAME, MIDDLE NAME, LAST NAME	SOCIAL SECURITY	MARITAL STATUS
EMPLOYER	HIRE DATE	

Declared Disaster Distribution as provided in Circular Letter No. 22-13 and the Plan Document

Declared Disaster Distribution*

TYPE OF PAYMENT:

- Partial In-Service Withdrawal, Amount requested \$_____. **If the amount requested exceeds the maximum available for distribution, Banco Popular will process the distribution for the maximum available.
- Lump Sum (this option is only available to terminated participants with the Employer), please state Termination Date: _____ (required)

* Declared Disaster Distributions must be made by or before December 6, 2022. In addition, the twelvemonth deferral suspension that normally affects employees who take hardship distributions will not apply. Popular Fiduciary Services will only process requests received on or before December 6, 2022 to ensure payment is issued on or before December 31, 2022.

** Amount requested cannot exceed: 1) the Plan's Declared Disaster Distribution Limit, or 2) \$100,000 as stated in Circular Letter No. 22-13 promulgated by the Puerto Rico Treasury Department ("CL 22-13"). Please consider that the \$100,000 limit stated by CL 22-13 is in aggregate and therefore participant must consider any other Declared Disaster Distributions made during the period from October 6, 2022 to December 31, 2022.

REDEMPTION OF FUNDS:

The sale of funds will be made proportionally between the investment funds and sources available upon distribution processing.

WARNINGS:

1. Pursuant to the CL 22-13, Declared Disaster will be taxed as followed:
 - The first \$10,000 will not be taxed.
 - Any distribution in excess of \$10,000 will be taxed at source at a rate of 10%.
2. The amounts to be distributed are deemed to come first from the taxable contributions and earnings. If these funds are not sufficient to cover the distribution, funds will be taken from the non-taxable base, such as voluntary contributions ("after-tax") and prepaid amounts.
3. The Trustee will file Form 480.7C to the Puerto Rico Treasury Department with a copy to you.
4. Your account may be assessed a fee as outlined in the Fee Disclosure Report.
5. The processing of the distribution request will be delayed if this form is not properly completed.

CERTIFICATION AND SIGNATURE OF PARTICIPANT:

I hereby certify that:

- I am an Eligible Individual as stated in CL 22-13.
- My mailing address is: _____
- My physical address (of my principal residence) is: _____
- I've informed myself and I comprehend the purpose and the requirements established in the CL 22-13.
- That currently I am and during the natural year 2022, I will continue to be a resident of Puerto Rico (as defined in Section 1010.01(a) (30) of the Puerto Rico Internal Revenue Code of 2011, as amended).
- Please select, as applicable, One (1) of the below statements:
 - During the period from October 6, 2022 until today I have not received Declared Disaster Distributions from this plan, other retirement plan or an Individual Retirement Account (familiarily known as IRA), or
 - During the period from October 6, 2022 until today I have received the following Declared Disaster Distributions:

Date of Distribution	Financial Institution	Distributed from (i.e. IRA / Retirement Plan)	Amount Withheld	Amount Distributed	Amount received or requested subject to the exemption on the first \$10,000
TOTAL					

- The sum of all Declared Disaster Distributions I have made from October 6, 2022 until today have not surpassed the limits stated in CL 22-13 (\$100,000).
- The product of all Declared Disaster Distributions will be used to cover expenses related to:
 - losses suffered as a result of Hurricane Fiona;
 - extraordinary expenses incurred to cover basic needs due to Hurricane Fiona; or
 - for loss of income due to the Hurricane Fiona.

- I understand that I am fully responsible for any income tax obligation, and payment, of taxed owed on the Declared Disaster Distributions detailed above should I not comply with the PR residency requirements, the amount received is not used to cover Eligible Expenses or if I've received distributions from retirement plans or IRAs in excess of the limit stated in the CL 22-13.
- I am aware that the information contained herein is being certified and that the information is material for determining compliance with CL 22-13 and that I have read and understand the information being certified and that this information and representations are true, complete and correct to the best of my knowledge and belief after I have taken reasonable and appropriate steps to verify the accuracy thereof.

In witness whereof, I do hereby sign this declaration and solemnly swear under penalty of perjury, that to the best of my knowledge and belief the information provided herein is true and accurate, given in good faith, in accordance with the Puerto Rico Internal Revenue Code of 2011, as amended, and its regulations.

Signed on _____, 2022, in _____, Puerto Rico.

NAME OF PARTICIPANT

PARTIPANT SIGNATURE

ADMINISTRATOR:

The Administrator certifies that it has reviewed and verified that this form complies with the Circular Letter 22-13 and all the guidelines of the plan and all the corresponding federal and state regulations. The Administrator authorizes Banco Popular, as trustee to withdraw the requested amount by means of check, if applicable, to the participant.

NAME OF ADMINISTRATOR

ADMINISTRATOR SIGNATURE

DATE

DIRECT DEPOSIT FORM

Participant's Authorization

I authorize Banco Popular de Puerto Rico to deposit my plan distribution (s) pursuant to the instructions provided above. If necessary, Banco Popular is also authorized to debit my account should any errors occurs with my plan distribution (s).

NAME

SOCIAL SECURITY

INSTITUTION NAME

ABA ROUTING NUMBER

ACCOUNT NUMBER
ACCOUNT TYPE (choose one): SAVINGS CHECKING

OFFICIAL USE:

PROCESSED IN TRUST BY

SIGNATURE

DATE

SIGNATURE

DATE

