

CORONAVIRUS-RELATED DISTRIBUTION FORM

Airconditioning and Refrigeration Industry Defined Contribution Retirement Plan

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), you are eligible to request coronavirus-related distribution(s) from the Airconditioning and Refrigeration Industry Defined Contribution Retirement Plan (Plan) of up to \$15,000* of your available vested account balance if you can certify that any of the following criteria are true:

- You have been diagnosed, or your spouse or a dependent living in the same household as you have been diagnosed, with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the CDC (Centers for Disease Control) (including a test authorized under the Federal Food, Drug and Cosmetic Act), or
- Due to the coronavirus, you suffered adverse financial consequences because of you, your spouse or an individual living in the same household as you:
 - Being quarantined, furloughed, laid off, or having work hours reduced, or
 - Being unable to work due to lack of childcare, or
 - Experiencing the closing of or reduction of hours with respect to a business owned or operated by you, your spouse or an individual living in your household, or
 - Having a reduction in pay (or self-employment income), or
 - Having a job offer rescinded or start date for a job delayed.

Coronavirus-related distributions must be paid by December 30, 2020. Please make sure you return the form to allow for sufficient time to process your request before the deadline. The Plan allows one coronavirus-related distribution per calendar quarter, beginning on or after April 1, 2020 and ending on December 30, 2020. The aggregate amount of coronavirus-related distributions may not exceed \$15,000.

A coronavirus-related distribution is taxable, and you will receive a 2020 IRS Form 1099-R in January of 2021 for the entire amount. However, you may spread out that taxable income evenly over a three-year period when you file your federal tax return. Unless you elect otherwise, you will be subject to 10% withholding for federal income taxes, plus any applicable state tax withholding. The 10% early withdrawal penalty does not apply, and the distribution may not be rolled over directly to an IRA or retirement plan. Coronavirus-related distribution(s) may be paid back to a retirement plan or IRA in single or multiple payments over three years from the date on which you receive your distribution. If you wish to repay your coronavirus-related distribution(s) to this Plan, no repayment will be accepted after May 18, 2023.

*A maximum of \$15,000 may be distributed to you from this Plan. However, you may be eligible for coronavirus-related distributions from other plans or IRAs in which you participate. If so, no more than \$100,000 in coronavirus-related distributions may be distributed to you, counting all distributions from this Plan and any other plans or IRAs in which you participate. It is your responsibility to make sure the total amount of your coronavirus-related distributions does not exceed \$100,000.

I. AMOUNT OF WITHDRAWAL REQUEST

NOTE: You may obtain the dollar amount of your account available for withdrawal by contacting John Hancock. If a portion of your account is invested in a brokerage account and the amount you request exceeds the available amount in the standard investment options, you will need to liquidate the appropriate amount from your brokerage account and transfer those funds back to the standard investment options before you submit this form.

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I request a coronavirus-related distribution from my available vested account in the amount of:

\$ _____ (fill in dollar amount)

- If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
- Any amount paid to you will be reduced by applicable taxes, unless elect otherwise in Section II below.

II. TAX WITHHOLDING ELECTION

You may elect to have (or not have) federal income tax withheld from your coronavirus-related distribution by checking Option A or B below.

If you elect to have no amount withheld, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You should consult your tax advisor for more information.

NOTE: If no election is made, 10% will automatically be withheld from your coronavirus-related distribution for federal income tax, and the appropriate percentage will be withheld for state income tax (if applicable).

Elect One

- A.** I **elect** to have federal income tax, at the rate of 10%, and state income tax (if applicable) withheld from my coronavirus-related distribution.

Additional amount of federal income tax to be withheld (if any): \$ _____

Additional amount of state income tax to be withheld (if any): \$ _____

- B.** I **elect NOT** to have federal or state income tax withheld from my coronavirus-related distribution.

III. MARITAL STATUS

I am legally married YES NO

If you checked "Yes," your spouse must complete the attached **SPOUSAL CONSENT FORM**.

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IV. SELF-CERTIFICATION AND SIGNATURE

I certify that I meet one or more of the following criteria:

- I have diagnosed, or my spouse or my dependent living in my household have been diagnosed, with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the CDC (Centers for Disease Control) (including a test authorized under the Federal Food, Drug and Cosmetic Act), or
- Due to the coronavirus, I have suffered adverse financial consequences because of me, my spouse or an individual living in my household:
 - Being quarantined, furloughed, laid off, or having work hours reduced, or
 - Being unable to work due to lack of childcare, or
 - Experiencing the closing of or reduction of hours with respect to a business owned or operated by me, my spouse or an individual living in my household, or
 - Having a reduction in pay (or self-employment income), or
 - Having a job offer rescinded or start date for a job delayed.

I certify that this request, when combined with any other coronavirus-related distributions I have received from this Plan or other plans and IRAs, does not exceed the \$100,000 limit.

I understand that I have the option to have this distribution directly deposited into my bank account by accessing mylife.jhrps.com to set up my banking information or to confirm existing banking information on file, if applicable.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account balance in the Plan to my spouse, former spouse, child or other dependent. I understand that any false statement by me shall be sufficient reason for the denial, suspension or discontinuance of benefits under the Plan, and in any such case, the Plan Trustees shall have the right to recover any payments made in reliance thereon and may result in legal damages for which I will be fully responsible.

I also understand that the payment amount may be less than the specific dollar amount I have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.

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Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

WITNESSED BY NOTARY PUBLIC (To be completed by Notary Public)

State of _____, County of _____, ss.

On this, the ____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public

(SEAL)

My Commission Expires: ____/____/____

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TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: *APPROVED* *NOT APPROVED*

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ *Date:* _____

Date form received by Plan Administrator: _____

**Return this form to:
Kristi Wagner, Administrator
Airconditioning and Refrigeration Industry Defined Contribution Retirement Plan
3500 W. Orangewood Ave., Orange, CA 92868.**

SPOUSAL CONSENT FORM
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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

SPOUSAL CONSENT (To be completed by the spouse of the Participant)

Spouse's Name (Print)

Signature of Spouse
(Must be signed and dated in presence of Notary)

Date

WITNESSED BY (To be completed by Notary Public)

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the ____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public

(SEAL)

My Commission Expires: ____ / ____ / ____

Return this form to:
Kristi Wagner, Administrator
Airconditioning and Refrigeration Industry Defined Contribution Retirement Plan
3500 W. Orangewood Ave., Orange, CA 92868.