

6 RETIREMENT SYSTEM OUTSTANDING LOAN STATUS (Check all that apply)

During the last 12 months, I have had an outstanding loan balance with my retirement system: Yes No
 Check all that apply: NYCERS Police* Fire TRS BERS** 457 401(k) 403(b)***
 * The Police Pension Fund requires Section 7 to be completed by a pension representative for all loan requests even if there is no outstanding pension loan.
 ** If you checked Yes to BERS above, Section 7 must be completed by an authorized representative from the retirement system prior to submitting this application to the Plan.
 *** H+H must complete Section 7.

7 RETIREMENT SYSTEM/403(B) AUTHORIZED SIGNATURE (To be completed by Pension Plan/403(b) Representative.)

For the employee set forth above, please provide the highest outstanding balance of all loans during the last twelve month period ending on the date in which you sign this application (if there is more than one outstanding loan, please indicate the total of all loans).

A City of New York Pension System (Check one): Police BERS*
 Retirement system total highest outstanding loan balance: \$, *Attach Loan Payment Detail - No. of Pages

PRINT NAME	SIGNATURE	PRINT TITLES	PHONE NO.	DATE
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B 403(b) TDA Plan (Check one): Health and Hospital Corporation BERS* CUNY
 403(b) total highest outstanding loan balance: \$,

PRINT NAME	SIGNATURE	PRINT TITLES	PHONE NO.	DATE
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8 SIGNATURE AND AUTHORIZATION

I am requesting a coronavirus-related loan. I authorize the City of New York Deferred Compensation Plan to process the loan requested on this form from my Deferred Compensation Plan account. I further authorize the applicable New York City Retirement System/TDA, set forth in Section 7, to release financial information about me to the Plan. I understand that the information released will only be for the purpose of and limited to determining my loan eligibility. I understand that if approved for a 457 or 401(k) plan loan, I will receive a loan check and that by endorsing said check, I represent that I have received, read, understood and agreed to the terms and provisions of the Loan Promissory Note and Truth in Lending Disclosure Statement, and Amortization Schedule which were sent to me with the check. I also understand the amount approved may be less than the actual amount requested. I further understand that I have directed the City of New York and its recordkeeper, Voya, to act on my request to withdraw money from my Deferred Compensation Plan 457 or 401(k) account and neither the City of New York nor Voya will be liable for any loss due to market fluctuations while implementing such request.

I certify that I meet at least one of the following conditions: (1) I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); (2) my spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or (3) I have experienced adverse financial consequences because: (i) I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19; (ii) I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19; (iii) a business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or (iv) I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

Tax Consequences
 By signing this Loan Application, I acknowledge the following: (i) that as a result of requesting a loan from the Plan, I can be subject to adverse tax consequences; (ii) that I have independently weighed that risk and have determined that requesting a loan is in my best interest; and (iii) that the Plan Administrator and the Plan shall not be liable for any adverse tax consequences described in (i).

I acknowledge and understand that if I apply and receive loan proceeds from another qualified employer plan of the same employer during the same time period that I am applying for a loan from the Deferred Compensation Plan then this could result in an adverse tax consequence and loan default.

I assume full liability for any tax penalties which may result from this loan. I understand that this loan application is subject to appropriate approval and applicable fees. I further understand that I am subject to payment of the loan origination fee even if I cancel the loan in accordance with the Loan Provisions.

I hereby affirm, under penalty of perjury, that the foregoing information is complete, true and correct. In addition, I authorize access to any and all records and information necessary to verify my application. If any information or documentation submitted is false or suspicious, I understand that my application may be referred to appropriate law enforcement authorities, including the City of New York Department of Investigation.

Signature: _____ Date: / /

If you are unable to have this form notarized, in person or remotely, the document will be accepted with a copy of a legible government issued ID, such as a valid driver's license or passport.

9 STATEMENT OF NOTARY To Be Completed by Notary (Notary seal must be visible/legible)

State of _____)
) SS:
 County of _____)

On _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature and office of individual taking acknowledgment _____