

Attached is the application for a distribution under the CARES Act (a "CARES" Act Distribution"), which is subject to special tax rules. A CARES Act distribution is available to you (through July 31, 2020) and to the extent permitted by the Northwestern Ohio Plumbers and Pipefitters Retirement Plan, if you are not working and meet the eligibility requirements described on the attached application. CARES Act Distribution is permitted through July 31, 2020. PENDING DIVORCES are NOT eligible for the CARES Act Distribution.

In order to be eligible for a CARES Act Distribution to the extent permitted by your Plan, one of the following must apply to you:

(1) You were diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention,

(2) Your spouse or dependent is diagnosed with such virus or disease by such a test, or

(3) You have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury. (Note: You may only request a CARES Act Distribution for yourself and not your spouse if he/she has been adversely impacted by COVID-19.)

CARES Act Distributions receive special tax treatment. You may retribute the amount to an eligible retirement plan (IRA, 401(a) plan, 401(k) plan, 403(b) plan, or governmental 457(b) plan) within three years after you receive it. Your recontributions will generally not be subject to the annual retirement plan contribution limits and will be treated as a rollover contribution.

Go to www.irs.gov for more information about the taxability of coronavirus-related distributions

Requested Distribution Amount:

The aggregate amount of The Northwestern Ohio Plumbers and Pipefitters Retirement Plan that you receive cannot exceed \$25,000.00. You are responsible in reporting your CARES Act Distribution on your Federal Income tax return to get the tax benefits. Market action may also reduce the amount available to you. There is no required minimum amount that you must request, but you cannot exceed \$25,000.00.

Your CARES Act Distribution will be withdrawn proportionally across all available investment options in your Plan account.

Income Tax Withholding:

If you would like Fidelity Investments to withhold more or less than the mandatory 10% federal income tax refer to application instructions.

State Income Taxes: Please note that some states require Fidelity Investments to withhold state income taxes.

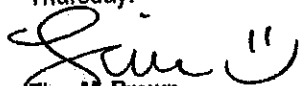
Early Withdrawal Penalty: CARES Act Distributions are not subject to the 10% early withdrawal penalty.

Consent of Spouse: Spouse's signature must be notarized or signed in front of a Plan Representative. PENDING DIVORCES are NOT eligible for the CARES Act Distribution.

Timing of the CARES Act Distribution:

* After marital status, and work history has been verified your CARES Act Distribution will be processed within 7-14 business days. Providing an email address will allow Fidelity to notify you once the distribution has processed. Please do not call the Fund office.

Fax, email, mail or bring the completed application to the Fund Office between 8:00 am and 4:00 pm Monday through Thursday.


Tina M. Brown
Tina.brown@nwopp.org

CARES ACT DISTRIBUTION REQUEST FORM

of _____

Social Security Number

Plan Number: 86716

Plan Name: THE NORTHWESTERN OHIO PLUMBERS & PIPEFITTERS RETIREMENT PLAN

Use this Form to obtain a coronavirus-related distribution under the CARES Act (a "CARES Act Distribution"), which is subject to special tax rules. A CARES Act Distribution is available to you if and to the extent permitted by the Plan, and if you meet the eligibility requirements described below. You are required to take a CARES Act Distribution prior to taking a hardship distribution or an unforeseeable emergency distribution from your Plan. If you need more information about CARES Act Distributions or other distributions, please call a Fidelity Retirement Service Specialist at 1-800-343-0860, Monday through Friday, from 8 a.m. to midnight Eastern time.

* Participants: Send this form to your Plan Sponsor AT NORTHWESTERN OHIO PLUMBERS & PIPEFITTERS RETIREMENT PLAN. 7570 Caple Northwood, Ohio 43616 FAX 419-662-1733 - EMAIL TINA.BROWN@NWOPP.ORG

IF you would like to be notified from Fidelity when your transaction is complete provide an email address.

Plan Sponsors: If you wish to overnight your form, please send it to Fidelity Investments, Mailzone KC1E, 100 Crosby Parkway, Covington, KY 41015.

EMAIL

Participant Information

Participant Name: Last First Middle Initial

Eligibility

In order to be eligible for a CARES Act Distribution to the extent permitted by your Plan, one of the following must apply to you:

- (1) You were diagnosed with the virus SARS-Co-V-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention,
(2) Your spouse or dependent is diagnosed with such virus or disease by such a test, or
(3) You have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury. (Note: You may only request a CARES Act Distribution for yourself and not your spouse if he/she has been adversely impacted by COVID-19.)

CARES Act Distributions receive special tax treatment. You may retribute the amount to an eligible retirement plan (IRA, 401(a) plan, 401(k) plan, 403(b) plan, or governmental 457(b) plan) within three years after you receive it. Your recontributions will generally not be subject to the annual retirement plan contribution limits and will be treated as a rollover contribution.

Go to www.IRS.gov for more information about the taxability of coronavirus-related distributions.

Delivery (select one)

Timing: Your CARES Act Distribution request will be processed by Fidelity as soon as it is received with all required information, including your Plan Administrator's signature and/or your spouse's consent, if required. All CARES Act Distributions must be distributed to you by JULY 31, 2020. Please ensure sufficient processing time to meet the JULY 31, 2020 deadline.

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- Regular mail (A check will be mailed to your address of record at the time of processing; to change your mailing address, please contact Fidelity.)
Overnight Mail (\$25 fee will apply)
Phone number (This is required for an overnight mail delivery.)
EFT (We will use your bank information on file. To add or confirm your EFT information please do so via www.mefbenefits.com/nwopp. Changing or updating information may result in a 10 day freeze prior to processing of your withdrawal request.)

Spousal Consent

You must check with Fidelity or the employer who sponsored this plan to determine if a married participant is required to obtain consent from a spouse in order to request a distribution. Please contact the Plan Administrator to provide the Joint and Survivor Annuity Disclosure. If spousal consent is required, please check one box:

I certify that I am not married as of the date that this Form is signed. I understand that if I marry after this date, but before distribution commences, the rules for married individuals will apply to me. By signing this Form, I waive my right to receive this distribution in the form of an annuity.

I certify that I am married and that distributions must be made to me in the form of a qualified joint and survivor annuity, unless I have elected another form of distribution and my spouse signs the spousal consent section below in the presence of a notary public or plan representative, if authorized by your plan. Your spouse must complete the following section:

I, _____, spouse of the Participant, hereby consent to the waiver of the qualified joint and survivor annuity elected on this Form based on the form of distribution my spouse elected on this Form. I certify that I have received a written explanation from the Plan Administrator and I understand the terms of the qualified joint and survivor annuity, my right not to consent to this waiver election, the waiver election period, and the financial effect of the election not to receive benefits in the qualified joint and survivor annuity form. I understand my consent is irrevocable unless my spouse revokes the waiver election. I understand any change in this form of benefit election to another form of annuity payment is subject to my consent, unless my spouse elects to receive the qualified joint and survivor annuity.

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Spousal Consent Witnessed by either Plan Representative or Notary Public

Signature of spouse witnessed this _____ day of _____, 2020 in the presence of:

Plan Representative (Signature)

Plan Representative (Print Name)

OR

STATE OF _____ (ss.)
COUNTY OF _____

On this _____ day of _____, _____ before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Requested Distribution Amount (Plan Rules Apply)

Limitation: The aggregate amount of CARES Act Distributions that you receive cannot exceed \$25,000. This includes CARES Act Distributions from all of your 401(a), 401(k), 403(b) and 457(b) retirement plans and IRAs. You are responsible for monitoring the limit and will need to report your CARES Act Distribution on your federal income tax return to get the tax benefits.

Your CARES Act Distribution amount may be less than the amount that you request below, due to restrictions imposed by the Plan such as the vested status of your account and the available sources of funds in your account. Market action may also reduce the amount available to you. There is no required minimum amount that you must request, but your request cannot exceed \$25,000.

Your CARES Act Distribution will be withdrawn proportionally across all available investment options in your Plan account.

Amount Requested: Specific dollar amount \$ _____ CANNOT EXCEED \$25,000
OR Full balance if balance is less than \$25,000.

Form of Payment

Your CARES Act Distribution will be a lump sum payment, sent to you by paper check or electronic funds transfer (EFT). You will receive your CARES Act Distribution faster if you set up your Bank Account information on NetBenefits (or confirm that existing Bank Account information is correct) and request an EFT.

Income Tax Withholding

The taxable portion of your CARES Act Distribution is considered taxable income which you may elect to spread evenly over a three-year period. For an example of what has been used in the past for disaster-related distributions, see IRS Form 8915B and the corresponding instructions at www.irs.gov.

Federal Income Taxes: Fidelity Investments must withhold income taxes at a flat 10% rate unless you request a different amount. If you would like Fidelity Investments to withhold more or less than the mandatory 10% federal income tax, please below.

State Income Taxes: Please note that some states require Fidelity Investments to withhold state income taxes.

Early Withdrawal Penalty: CARES Act Distributions are not subject to the 10% early withdrawal penalty.

After-Tax and Roth Amounts: After-tax contributions (excluding any earnings thereon) and qualifying Roth distributions** are not subject to income tax. Fidelity will send you IRS Form 1099-R (Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.) in January of the year after your withdrawal to reflect the amount of any distribution and income tax withholding.

** Generally, a qualified Roth distribution is made after a five-taxable-year period and is:

1. made on or after the date a participant attains age 59½,
2. made after their death, or
3. attributable to their being disabled.

The five-taxable-year period starts on the first day of the taxable year that a participant first made a designated Roth contribution to the plan.

Federal Income Tax Withholding on the taxable portion of the CARES Act Distribution: I want to withhold _____ % of Federal income tax. If blank 10% will be withheld. Valid elections are 0%, or between 10% and 99%.

State Income Tax Withholding on the taxable portion of the CARES Act Distribution: (if applicable)

- a. State income tax withholding does not apply.
- b. I want state income tax to be withheld from my distribution based on state rules. Option not available for residents of NY, NM, NJ, ND, PA, and RI.
- c. I want state income tax to be withheld from my distribution based on state rules plus an additional amount of \$ _____ (\$10 minimum). Option not available for residents of NY, NM, NJ, ND, PA, and RI.
- d. For residents of New York (NY), New Mexico (NM), New Jersey (NJ), North Dakota (ND), Pennsylvania (PA), or Rhode Island (RI) ONLY: I want state income tax to be withheld from my distribution in the amount of \$ _____ (\$10 minimum). These states require an amount to be provided or no tax is withheld.
- e. I do not want state income tax to be withheld from my distribution, but I understand that Fidelity will withhold state income tax if mandatory.

Notary Public

My commission expires: _____

Participant Signature

I certify that all information provided on this Form is true and accurate, including the fact that I qualify to receive a CARES Act Distribution, I have not requested an amount that will exceed \$25,000 when aggregated with other CARES Act Distributions from all of my retirement plans and IRAs, and my marital status is accurate. I certify that my Social Security number above is correct. If I am a nonresident alien, I have attached IRS Form W-8BEN and included my U.S. taxpayer identification number with this form in order to claim any applicable tax treaty benefits.

PARTICIPANT SIGNATURE _____ **DATE** _____

Plan Sponsor Approval

You must check with Fidelity or the employer who sponsored this plan to determine if the Plan Sponsor must approve your request. You may need plan sponsor approval even if you no longer work for the sponsor.

The following information must be provided to Fidelity by the sponsor, if service information is not provided to Fidelity.

- Participant's date of hire: (mm/dd/yyyy): _____
- Participant's separation date, if applicable: (mm/dd/yyyy): _____
- Employer Source Vesting: 100 %

By signing below, you:

- Approve the distribution.
- Acknowledge that the distribution as requested on this form is permitted by the employer's Plan.
- Certify that you are on record with Fidelity as being authorized to sign on behalf of the plan sponsor.

Authorized Signature: _____

Print name of authorized individual signing above: TINA M. BROWN-SMITH

Date: _____

IMPORTANT NOTICE: FIDELITY INVESTMENTS CANNOT PROCESS YOUR CARES ACT DISTRIBUTION REQUEST IF ANY REQUIRED INFORMATION IS INCOMPLETE OR ANY REQUIRED SIGNATURES ARE MISSING.