



Recontribution of CARES Act Distribution(s) (Rollover Contribution Form)

Participant's Social Security Number: _____

Plan Name: _____

Plan Number: _____

(To confirm if the Plan permits recontributions and/or to identify the plan number, please refer to NetBenefits or contact a Fidelity Phone Representative at 800-835-5097.)

Participant Name (First, MI, Last): _____

Participant Address: _____

City: _____ State: _____ ZIP: _____

Mobile Phone: _____ Other Phone: _____

Recontribution of a CARES Act Distribution: If you received one or more distributions from an eligible retirement plan that qualifies as a Coronavirus Aid, Relief, and Economic Security Act (CARES Act) Distribution then you may be able to recontribute part or all of it as a rollover contribution to an eligible retirement plan (such as a 401(a), 401(k) plan, 403(b) plan, 457(b) governmental plan), if it accepts such contributions, and/or an IRA. You may recontribute part or all of the amounts that you received within the three-year period beginning on the day after the date that you received your distribution. You may recontribute the money in separate transactions over a period of time within the three year period.

The total amount of your recontribution may not be more than the amount of your qualifying distribution(s) and cannot exceed \$100,000. You may be able to request a refund of federal income taxes that you originally paid on the amount of your CARES Act distribution if you timely file an amended federal income tax return for the applicable year(s). All CARES Act Distributions and recontributions must be reported on IRS Form 8915-E (Qualified 2020 Disaster Retirement Plan Distributions and Repayments). Please refer to IRS Notice 2020-50 (Guidance for Coronavirus-Related Distributions and Loans from Retirement Plans Under the CARES Act) and consult with your tax advisor for further information.

Please contact Fidelity Investments to determine if your Plan accepts recontributions. Use this form to recontribute your CARES Act Distribution(s) to the Plan you identified above. Your recontribution will be subject to the Plan's rules. Please complete a separate form and send separate checks if you want to recontribute money to more than one plan. You must complete and sign this form, and send it, along with a cashier's check payable to Fidelity Investments Institutional Operations Company (FIIOC).

1. CARES Act Distribution Information

Amount of your recontribution to the Plan: \$ _____

Please complete the information below to identify the contribution source(s) of your recontribution.



Contribution Source	Amount of Recontribution	
Rollover Contributions – Pre-tax and/or Employer Contributions	Amount	\$ _____
Rollover Contributions – Roth Contributions (if permitted under the Plan)	Principal amount of the Roth contributions	\$ _____
	Earnings on the principal amount of the Roth contributions	\$ _____
	Please identify the year that you made your initial Roth Contributions to the plan that originally made the distribution to you.	_____
Rollover Contributions – After-tax Contributions (if permitted under the Plan)	Principal amount of the after-tax contributions	\$ _____
	Earnings on the principal amount of the after-tax contributions	\$ _____

Note: You will be 100% vested in your rollover contributions. Your rollover contribution will be treated as taxable to you when you request a future distribution if you fail to complete this section.

Your money will be invested based on the investment elections that you have on file for your contributions. The entire amount will be invested in the Plan’s designated default investment option if you have not made an election unless the Plan requires you to make an investment election. Please visit NetBenefits or contact a phone representative before you submit this form if you need to make any investment elections.

2. Participant Certification:

By signing below, I certify that I am an individual who received one or more distributions in 2020 that qualified as a CARES Act Distribution described above, and that I am eligible to recontribute part or all of it to the above referenced Plan. I further certify that the information on this form is true, accurate and complete. I understand that my recontribution may be refunded to me in the future, with any earnings thereon, if it is not permitted by the Plan or it is later determined that part or all of it was ineligible to be recontributed to the Plan.

Participant Name (Print)	Participant Signature (Sign)	Date: MM/DD/YYYY



3. Mailing Instructions:

Please mail this form and the cashier's check to the following address:

Regular Mail	Express Mail
Fidelity Investments P.O. Box 770002 Cincinnati, OH 45277-0090	Fidelity Investments Mailzone KC1E 100 Crosby Parkway Covington, KY 41015

Fidelity Investments Institutional Operations Company LLC., 245 Summer Street, Boston, MA 02210
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