REQUEST TO NO LONGER PARTICIPATE IN THE CARES ACT LOAN DEFERMENT PROGRAM

<u>Please Print</u>			
First Name	Last Name	r	Middle Initial
Street Address:	City:	State:	Zip:
Last 4 digits of Social Security N	lumber:		
loan payments with due dates	ief, and Economic Security (CARES) Act, between 3/27/2020 and 12/31/2020 R participate in this CARES Act provision) for up to one year. By co	
deferred under the CARES Act. to the normal plan rules includ that you have on file and had d	return it to the <u>Iron Workers Fund Office</u> Please note that if you elect to NO LON ing the default provisions for your loan(s eferred with the CARES Act. For the rem S Act loan deferment program by comple before December 31, 2020.	GER have your loan(s) def s). This request will apply lainder of the 2020 calend	erred, you will be subject to all outstanding loan(s) dar year, you still have the
I hereby certify that I NO LON	IGER wish to participate in the CARES A	ct Loan Deferment prograi	n.
By checking the box above and that my loan(s) will be re-amor if no payments are made on my	by signing below, I certify that I have read tized and the repayment schedule will re y loan(s).	d this form in its entirety ar esume as before with the	nd that I understand potential of default
Signature		Date	
You can return the form:			
By mailing to: Iron Workers I 1470 Worldwic Vandalia OH 4		Vicinity Annuity Trust	
By faxing it to: 937-454-5457	,		



Or by scanning and emailing to: retirement@iwtrustfund.com

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