



Coronavirus-Related Distribution Repayment

Use this form to repay all or part of a Coronavirus-Related Distribution (“CRD”) you received from a pre-tax or traditional (non-Roth) account. You may repay a CRD, provided that you do so within three years after the date you received the CRD. If a CRD is repaid under the guidelines required by the law, the distribution will be treated as though it were repaid in a direct trustee-to-trustee transfer, so that federal income tax will not be owed on the distribution. All plans that distribute CRDs are required to issue IRS Form 1099-R to report the CRD to IRS, even if the CRD is repaid.

The tax rules on CRDs are technical and complex – there are special tax filing rules, and making a mistake could be very costly to you. MERS cannot give you tax advice. You should consult your tax advisor on this repayment and on all tax obligation and reporting matters related to it that are applicable to your personal situation.

Please print clearly • See attached special tax notice for details • Retain a copy for your records

1. Information about you

Last name*	First name*	Social Security number*	Phone number (with area code)*
Mailing address*			
City*		State*	Zip code*
Email address			
Type of account you are making repayment to: <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Pre-Tax 457 <input type="checkbox"/> Traditional IRA			
Employer name*		Division number (6 digits)	

2. Certification of Qualified Individual Status

I certify that I met one of the following criteria on or after January 1, 2020 and before December 31, 2020:

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:
 - a. I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;
 - b. I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;
 - c. A business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or
 - d. 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.

* Required field

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Last name* (please print clearly)

Social Security number*

3. Certification of Coronavirus-Related Distribution Repayment

I certify that:

1. I am not repaying a CRD that I received as a non-spouse beneficiary from a plan or an IRA.
2. I am not repaying any part of a required minimum distribution (RMD) amounts under IRC 401(a)(9) that I received
3. I am not repaying any distribution that is one of a series of substantially equal periodic payments made (at least annually) for:
 - a. A period of 10 years or more,
 - b. My life or life expectancy, or
 - c. The joint lives or joint life expectancies of me and my beneficiary.
4. I am not repaying any part of a CRD that I received from a Roth IRA or other after-tax source (only CRDs that I received from pre-tax contributions to a plan or an IRA are being repaid).
5. This CRD Repayment, together with all other CRD repayments I have made, does not exceed the amount of the CRD that I received.
6. I am making this CRD Repayment within three years of the date I received my CRD.

4. CRD Amount and Repayment Processing

My CRD repayment amount is \$_____**

**Note that a full repayment of the distribution is the original (gross) amount before taxes were withheld.

To make your CRD repayment by check:

1. Repayment can be made by personal check, cashier check or money order (note there is a five-day hold on all personal checks).
2. Include the plan's name in the memo line of the check.
3. Send this form and the check to:

Alerus Financial, N.A. Attn: Trust Operations
Two Pine Tree Drive, Suite 400
Arden Hills, MN 55112

If you would like to repay by wire, please contact the MERS Service Center at 800.767.6377 to make arrangements.

* Required field

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Last name* (please print clearly)

Social Security number*

5. Confirm that you have investment elections on file

To choose how to allocate your incoming funds, provide whole percentages below (**total allocated must equal 100%**). If this section is left blank, allocations will default to an age-appropriate Retirement Strategies fund.

“Do it for me”

Retirement Strategies	
Retirement Income Fund	%
2010 Retirement Strategy	%
2015 Retirement Strategy	%
2020 Retirement Strategy	%
2025 Retirement Strategy	%
2030 Retirement Strategy	%
2035 Retirement Strategy	%
2040 Retirement Strategy	%
2045 Retirement Strategy	%
2050 Retirement Strategy	%
2055 Retirement Strategy	%
2060 Retirement Strategy	%
2065 Retirement Strategy	%

Please refer to the *Understanding the MERS Investments Menu* book and the *Fund Summary Sheets* for information regarding each investment option, including potential redemption fees, and restrictions (www.mersofmich.com).

“Help me do it”

Portfolios Built for You (Stocks/Bonds)	
MERS Total Market Portfolio	%
MERS Global Stock Portfolio (100/0)	%
MERS Capital Appreciation Portfolio (80/20)	%
MERS Established Market Portfolio (60/40)	%
MERS Balanced Income Portfolio (40/60)	%
MERS Capital Preservation Portfolio (20/80)	%
MERS Diversified Bond Portfolio (0/100)	%

Funds to Build Your Own Portfolio	
Large Cap Stock Index	%
Mid Cap Stock Index	%
Small Cap Stock Index	%
Emerging Market Stock	%
International Stock Index	%
Real Estate Stock Index	%
Bond Index	%
High Yield Bond Index	%
Short-Term Income	%

6. Qualified Individual certification

My signature acknowledges that I understand and agree to all pages of this *CRD Repayment form*, and I affirm that all information I have provided and certified is correct to the best of my knowledge. I understand that investment funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. I understand and agree that I am liable for any income tax and/or penalties assessed by the IRS for any action I take, that MERS has not provided any tax advice to me, and that MERS recommends that I consult with a tax adviser. I understand that once my repayment has been processed, it cannot be changed.

Qualified Individual signature*

Date (mm/dd/yyyy)*

Qualified Individual name* (please print clearly)

Social Security number*

You can submit this form online!

If you already have a myMERS account, you can upload this form online. Look for the **File Upload** feature in the top navigation to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

Alerus Retirement Solutions
P.O. Box 64535
St. Paul, MN 55164