

Self-Certification and Authorization

By signing this form, I certify that I met at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I was 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 (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or
2. My spouse or my dependent was diagnosed with such virus or disease by such a test; or
3. I, my spouse, or a member of my household (someone who shares my principal residence) did experience adverse financial consequences stemming from such virus or disease as a result of:
 - i. Being quarantined, furloughed or laid off, or having work hours reduced; or
 - ii. Being unable to work due to lack of child care; or
 - iii. The closing or reduction of hours of a business I/we own or operate; or
 - iv. Having pay (or self-employment income) reduced, having a job offer rescinded or start date for a job delayed.

By signing below, I certify the Rollover/Transfer of my Repayment ("Rollover/Transfer") is for a Coronavirus-Related Distribution (CRD) taken previously in 2020 and does not exceed the total amount of the CRD. I understand that the Rollover/Transfer will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making the Rollover/Transfer and this represents an amount which is eligible for Rollover/Transfer. The City of Baltimore Deferred Compensation Plan is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of the Rollover/Transfer and any tax consequences relating to it, and I agree the City of Baltimore Deferred Compensation Plan will not be responsible for those tax consequences.

I hereby request my funds to be allocated and invested as directed on this form. I understand some mutual funds may impose a short-term trading fee. Please read the underlying fund prospectuses carefully.

The City of Baltimore Deferred Compensation Plan hereby agrees to accept the Rollover/Transfer described herein and upon receipt will deposit the proceeds within five business days in your account.

In order to qualify as a CRD Repayment, the repayment must be made within three years after the date that the distribution was received.

Participant Signature: _____ Date: _____

Submission Instructions

If payment is enclosed, send check and completed form:

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

Make check payable to: *Nationwide Retirement Solutions*

If no payment is enclosed, send the completed form:

By fax: 1-877-677-4329