This form is used to request a delay in loan repayments. If you have multiple loans, all loan payments will be delayed. Please review the instructions carefully.

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| Plan ID: 3005665 |
| Plan Name: Kay Automotive Tax Deferred Savings Plan & Trust |

### Participant Information

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| --- |
| Name: |
| Date of Birth: |
| Last four digits of the Social Security number: |
| Phone: |

1. Identify the statement that applies to your situation. (*Select those that apply – one or more of A., B., or C.*)
   1. I am diagnosed with coronavirus disease 2019 (COVID-19) (or the virus SARS-CoV-2) by a test approved by the Centers for Disease Control and Prevention
   2. My spouse or dependent (as defined in Internal Revenue Code section 152) is diagnosed with such virus or disease by such test
   3. I am experiencing adverse financial consequences as a result of one of the following reasons:
      1. Being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease.
      2. Unable to work due to lack of child care as a result of such a virus or disease.
      3. Closing or reducing hours of a business owned or operated by the individual due to such a virus or disease.

The loan payment should be delayed as long as administratively allowed under the law which is until at least 12/31/2020.

By signing this form you direct and herby authorize Wells Fargo to suspend loan repayment for all of your loans. You also herby **certify** that this information is true and accurate and that you will keep all supporting documentation in the event of a subsequent audit and you **acknowledge** that future repayments with respect to the loan shall be adjusted to reflect the delay in repayments and accrued interest during the delay. Wells Fargo shall implement this direction as soon as administratively and operationally feasible.

|  |  |
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| Participant Signature: | Date: |

Please note that illegible, incomplete, or missing required documents will delay this process. Your loan repayments will remain in place while this form and other information is gathered and reviewed for completeness.

### Mailing Instructions

Wells Fargo Institutional Retirement and Trust

2700 Snelling Avenue North, Suite 300

Roseville, MN 55113