

Emory 403(b) Settlement Administrator  
P.O. Box 2005  
Chanhassen, MN 55317-2005  
[www.Emory403bSettlement.com](http://www.Emory403bSettlement.com)

**FORMER PARTICIPANT CLAIM FORM**

ABC1234567890



JOHN Q CLASSMEMBER  
123 MAIN ST  
APT 1  
ANYTOWN, ST 12345

Claim Number: 1111111

PIN: 12345

This Former Participant Claim Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries, alternate payees or attorneys-in-fact of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Class Member who did not have an account in the Plans (as defined below) with a balance greater than \$0 as of March 31, 2020.

This form must be completed, signed, and mailed to the Settlement Administrator with a postmark date on or before **September 17, 2020** or electronically filed online at [www.Emory403bSettlement.com](http://www.Emory403bSettlement.com) no later than **September 17, 2020** in order for you to receive your share of the Settlement proceeds. **Former Participants who do not complete and timely return this form will not receive any Settlement payment.** Please review the instructions below carefully. If you have questions regarding this Claim Form, you may contact the Settlement Administrator as indicated below.

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**PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM**

1. Complete this claim form and keep a copy of all pages of your Former Participant Claim Form, including page 1 with the address label, for your records.
2. Mail your completed Former Participant Claim Form postmarked no later than **September 17, 2020** to the Settlement Administrator at the following address:

**Emory 403(b) Settlement Administrator  
P.O. Box 2005  
Chanhassen, MN 55317-2005**

Claim Forms may also be completed and submitted to the Settlement Administrator electronically online at [www.Emory403bSettlement.com](http://www.Emory403bSettlement.com). Electronic Claim Forms must be submitted no later than **September 17, 2020**.

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Claim Form.

3. Other Reminders:
  - You must provide date of birth, signature, and a completed Substitute IRS Form W-9, which is attached as Part 5 to this form.
  - If you desire to do a rollover and you do not complete in full the rollover information in Part 4 Payment Election of the Settlement Distribution Form, payment will be made to the participant.
  - If you change your address after sending in your Former Participant Claim Form, please send your new address to the Settlement Administrator.
  - **Timing of Payments to Eligible Settlement Class Members.** Please note that Settlement payments are subject to the Settlement Agreement's receiving final Court approval. If the Settlement Agreement is approved and if you are entitled to a Settlement payment under the terms of the Settlement, such payments will be distributed no earlier than the first half of 2021 due to the need to process and verify information for all Settlement Class Members who are entitled to a payment and to compute the amount of each payment. Payments may be further delayed if any appeals are filed.
4. **Questions?** If you have any questions about this Former Participant Claim Form, please call the Settlement Administrator at 1-877-320-1298. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax, or other advice concerning the Settlement. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement, Settlement administration, and claim processing is available on the lawsuit website, [www.Emory403bSettlement.com](http://www.Emory403bSettlement.com).

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Henderson et al. v. Emory University et al.*, No. 16-cv-2920 (N.D. Ga.). That settlement provides allocation of monies to the individual accounts of Settlement Class Members who had plan accounts with a positive balance in the Emory University Retirement Plan and the Emory Healthcare, Inc. Retirement Savings and Matching Plan (the “Plans”) as of March 31, 2020 (“Current Participants”). Settlement Class Members who are entitled to a distribution but who did not have a plan account with a positive balance as of March 31, 2020 (“Former Participants”) will receive their allocation in the form of a check or rollover if and only if they mail a valid Former Participant Claim Form to the Settlement Administrator at the address atop this form postmarked no later than **September 17, 2020** or electronically filed online at [www.Emory403bSettlement.com](http://www.Emory403bSettlement.com) no later than **September 17, 2020**. For more information about the Settlement, please see [www.Emory403bSettlement.com](http://www.Emory403bSettlement.com), or call 1-877-320-1298.

Because you are a Former Participant (or beneficiary of a Former Participant) in one or more of the Plans, you must decide whether you want your payment (1) sent payable to you directly or (2) to be rolled over into another eligible retirement plan or into an individual retirement account (“IRA”). To make that choice, please complete and mail this Former Participant Claim Form to the Settlement Administrator at the address atop this form postmarked no later than **September 17, 2020**. Claim Forms may also be completed and submitted to the Settlement Administrator electronically online at [www.Emory403bSettlement.com](http://www.Emory403bSettlement.com). Electronic Claim Forms must be submitted no later than **September 17, 2020**. If you do not indicate a payment election, your payment will be sent payable to you directly.

## PART 2: PARTICIPANT INFORMATION

|  |  |   |
|--|--|---|
| First Name   | Middle   | Last Name                                 |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>                      |
| Mailing Address  |  |   |
| <input type="text"/>   |  |   |
| City   |  | State    Zip Code                         |
| <input type="text"/>   |  | <input type="text"/> <input type="text"/> |
| Home Phone   | Work Phone or Cell Phone   |   |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |   |
| Participant’s Social Security Number                               | Participant’s Date of Birth  |   |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |   |
| Email Address  | M M      D D      Y Y Y Y  |   |
| <input type="text"/>   |  |   |

Check here if you were a Former Participant, but did not receive this Claim Form in the mail. This may be because you were a participant in the Plan only for a brief period.

## PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

Check here if you are the **surviving spouse or other beneficiary** for the Former Participant and the Former Participant is deceased. **Documentation must be provided showing current authority of the representative to file on behalf of the deceased.** Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Check here if you are an **alternate payee under a qualified domestic relations order (QDRO), or attorney-in-fact** for the Former Participant. The Settlement Administrator may contact you with further instructions. Please complete the information below and then continue on to Parts 4 and 5 on the next page.

|  |  |   |
|--|--|---|
| Your First Name  | Middle   | Last Name                                 |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/>                      |
| Your Social Security Number or Tax ID Number                       | Your Date of Birth   |   |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |   |
| Your Mailing Address   | M M      D D      Y Y Y Y  |   |
| <input type="text"/>   |  |   |
| City   |  | State    Zip Code                         |
| <input type="text"/>   |  | <input type="text"/> <input type="text"/> |

**PART 4: PAYMENT ELECTION**

**Payment to Self** – A check subject to mandatory federal and applicable state withholding tax will be mailed to your address on the previous page.

**Direct Rollover to an Eligible Plan** – Check only one box below and complete Rollover Information Section Below:

Government 457(b)

401(a)/401(k)

403(b)

Direct Rollover to a Traditional IRA

Direct Rollover to a Roth IRA (subject to ordinary income tax)

**Rollover Information:**

Company or Trustee's Name (to whom the check should be made payable)

[Grid for Company or Trustee's Name]

Company or Trustee's Mailing Address 1

[Grid for Company or Trustee's Mailing Address 1]

Company or Trustee's Mailing Address 2

[Grid for Company or Trustee's Mailing Address 2]

Company or Trustee's City

State

Zip Code

[Grid for Company or Trustee's City]

[Grid for State]

[Grid for Zip Code]

Account Number

Company or Trustee's Phone Number

[Grid for Account Number]

[Grid for Company or Trustee's Phone Number]

**PART 5: SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9**

UNDER PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORMER PARTICIPANT CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT CLAIM FORM.

- 1. The Social Security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. person (including a U.S. resident alien).

M M D D Y Y Y Y  
[Grid for Date Signed]

Participant Signature

Date Signed (Required)

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

QUESTIONS? VISIT: [WWW.EMORY403BSETTLEMENT.COM](http://WWW.EMORY403BSETTLEMENT.COM), OR CALL 1-877-320-1298