

Garnet Health Medical Center 403(b) Settlement
c/o Atticus Administration
P.O. Box 64053
Saint Paul, MN, 55164
www.GarnetHealthERISASettlement.com
ROLLOVER FORM

In order to receive your share of the Settlement by direct rollover to a qualified individual retirement account, Class Members must complete, sign, and mail this form with a postmark on or before April 20, 2026. Please review the instructions below carefully. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

WWW.GARNETHEALTHERISASETTLEMENT.COM OR CALL +1 800-485-6615.

1. PART 1: INSTRUCTIONS FOR COMPLETING ROLLOVER FORM

1. If you would like to receive your share of the Settlement by direct rollover to a qualified individual retirement account (commonly called an “IRA”) or qualified employer plan (such as a 401(k) plan), please complete this Rollover Form. You should also keep a copy of all pages of your Rollover Form, including the first page with the address label, for your records.
2. **Mail your completed Rollover Form postmarked on or before April 20, 2026 to the Settlement Administrator at the following address:**

Garnet Health Medical Center 403(b) Settlement
c/o Atticus Administration
P.O. Box 64053 Saint Paul, MN, 55164

You also may email a completed, signed copy to GarnetHealthERISASettlement@atticusadmin.com. It is your responsibility to ensure the Settlement Administrator has timely received your Rollover Form.

3. Other Reminders:
 - You must provide your 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 direct rollover and you fail to complete all of the rollover information in Part 4 below, payment will be made to you by check.
 - If you change your address after sending in your Rollover Form, please provide your new address to the Settlement Administrator.
 - **Timing of Payments to Eligible Settlement Class Members.** The timing of the distribution of the Settlement payments are conditioned on several matters, including the Court’s final approval of the Settlement and any approval becoming final and no longer subject to an appeal in any court. An appeal of the final approval order may take several years. If the Settlement is approved by the Court, and there are no appeals, the Settlement distribution likely will occur within four months of the Court’s Final Approval Order.
4. **Questions?** If you have any questions about this Rollover Form, please call the Settlement Administrator at +1 800-485-6615. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement or your situation. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement and the settlement administration is available on the settlement website, www.GarnetHealthERISASettlement.com.

PART 2: SETTLEMENT CLASS MEMBER INFORMATION

First Name

Middle Last Name

Mailing Address

City

State

Zip Code

Home Phone

Work Phone or Cell Phone

Participant's Social Security Number

Participant's Date of Birth

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Email Address

[ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

PART 4: PAYMENT ELECTION

Direct Rollover to an Eligible Plan – Check only one box below and complete the 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)

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City

State Zip Code

A horizontal row of 20 empty square boxes for writing the first 20 numbers of a multiplication table.

Your Account Number

Company or Trustee's Phone Number

A horizontal row of 20 empty vertical boxes, followed by a dashed line, and then another row of 5 empty vertical boxes.

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 ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS ROLLOVER 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 back up 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).

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Class Member Signature

Date Signed (*Required*)

Note: If 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.