NPWU ERISA Settlement Administrator
P.O. Box 2003
Chanhassen, MN 55317-2003
www.NPWUERISA.com

ROLLOVER FORM

Settlement Class Members who would like to elect to receive their settlement payment through a rollover to a qualified retirement account must complete, sign, and mail this form with a postmark on or before March 1, 2026. Please review the instructions below carefully. **Settlement Class Members who do not complete and timely return this form will receive their settlement payment by a check.** If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

WWW.NPWUERISA.COM OR CALL (844) 499-4354

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PART 1: INSTRUCTIONS FOR COMPLETING ROLLOVER FORM

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, 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 March 1, 2026, to the Settlement Administrator at the following address:**

   NPWU ERISA Settlement Administrator
   P.O. Box 2003
   Chanhassen, MN 55317-2003

   It is your responsibility to ensure the Settlement Administrator has timely received your Rollover 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 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 (844) 499-4354. 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 and the Settlement administration is available on the settlement website, www.NPWUERISA.com.

You may be eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *DiDonato v National Production Workers Union Severance Trust Plan, et al.* That Settlement provides allocation of monies to certain participants and beneficiaries of the National Production Workers Union Severance Trust Plan who had an account balance that was charged administrative expenses in the plan any time between January 1, 2016 through the date of preliminary approval of the settlement. To determine if you are an eligible Class Member, please see the Noice of Class Action Settlement. Class Members who are eligible to receive an allocation of monies will receive their allocations in the form of a check or in the form of a rollover if and only if they

[ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

mail a valid Rollover Form postmarked on or before March 1, 2026, to the Settlement Administrator with the required information to effectuate the rollover. For more information about the Settlement, please see the Notice Of Class Action Settlement, visit www.NPWUERISA.com, or call (844) 499-4354.

If you are a Class Member in the Severance Plan eligible to receive an allocation from the Settlement Fund, you must decide whether you want your payment (1) sent payable to you directly by check or (2) to be rolled over into another eligible retirement plan or into an individual retirement account (**"IRA"**). To elect a rollover, please complete and mail this Rollover Form postmarked on or before March 1, 2026, to the Settlement Administrator. If you are a Class Member eligible for a payment from the Settlement Fund, and you do not return this form, your payment will be sent to you directly by check. If you return this form, and the Settlement Administrator determines that you are a Class Member who is not actually eligible for a payment under the terms of the Settlement, the Settlement Administrator will simply shred and discard the form and your rights will not otherwise be impacted.

PART 2: SETTLEMENT CLASS MEMBER INFORMATION

First Name | M.I. | Last Name

Mailing Address

City | State | Zip Code

Home Phone

Work Phone or Cell Phone

Class Member's Social Security Number

Class Member's Date of Birth

M M D D Y Y Y Y

Email Address

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

☐ Check here if you are the **surviving spouse or other beneficiary** for the Settlement Class Member and the Settlement Class Member is 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). 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

Your Social Security Number or Tax ID Number

Your Date of Birth

M M D D Y Y Y Y

Your Mailing Address

City | State | Zip Code

[ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

PART 4: PAYMENT ELECTION

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*)

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City State Zip Code

Your Account Number 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 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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Settlement 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.

QUESTIONS? VISIT: WWW.NPWUERISA.COM, OR CALL (844) 499-4354