

## **FORMER PARTICIPANT ROLLOVER FORM**

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Conlon v. The Northern Trust Co.*, Case No. 21-cv-2940 (N.D. Ill.). The Settlement provides allocation of monies to the individual accounts of certain persons who participated in The Northern Trust Thrift-Incentive Plan ("Plan") at any time from June 1, 2015, through January 28, 2025 ("Class Members"). Class Members who had a Plan account with a balance greater than \$0.00 during the Class Period but who do not have a Plan account with a balance greater than \$0.00 as of January 28, 2025 ("Former Participant Class Members") will receive their allocations in the form of a check or in the form of a rollover if and only if they mail a valid Former Participant Rollover Form postmarked on or before July 15, 2025 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 And Fairness Hearing, visit [www.NorthernTrustERISA.com](http://www.NorthernTrustERISA.com), or call **(844) 525-9073**.

This Former Participant Rollover Form is **ONLY** for Class Members who are **Former Participant Class Members**, or the beneficiaries or alternate payees of Former Participant Class Members (all of whom will be treated as Former Participant Class Members). A Former Participant Class Member is a Class Member who had a Plan account with a balance greater than \$0.00 during the Class Period but does not have a Plan account with a balance greater than \$0.00 as of January 28, 2025.

If you have questions regarding the Settlement, you can visit this website: [www.NorthernTrustERISA.com](http://www.NorthernTrustERISA.com), call **(844) 525-9073**, or write to the Settlement Administrator at:

Northern Trust 401(k) Settlement Administrator  
P.O. Box 2007  
Chanhassen, MN 55317-2007

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### **PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT ROLLOVER FORM**

1. Because you are a Former Participant Class Member, 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 Former Participant Rollover Form postmarked on or before July 15, 2025 to the Settlement Administrator. You should also keep a copy of all pages of your Former Participant Rollover Form, including the first page with the address label, for your records. If you do not return this form, your payment will be sent to you directly by check.
2. **Mail your completed Former Participant Rollover Form postmarked on or before July 15, 2025 to the Settlement Administrator at the following address:**

Northern Trust 401(k) Settlement Administrator  
P.O. Box 2007  
Chanhassen, MN 55317-2007

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

3. Other Reminders:
  - You must provide your date of birth, social security number, 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.

***[CONTINUES ON NEXT PAGE]***

- If you change your address after sending in your Former Participant Rollover Form, please provide your new address to the Settlement Administrator.
- **Timing Of Payments To Eligible 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 any appeals 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 August-September 2025.

4. **Questions?** If you have any questions about this Former Participant Rollover Form, please call the Settlement Administrator at **(844) 525-9073**. 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.NorthernTrustERISA.com](http://www.NorthernTrustERISA.com).

## PART 2: PARTICIPANT INFORMATION

|                                      |                             |                      |
|--------------------------------------|-----------------------------|----------------------|
| First Name                           | M.I.                        | 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"/>        |                      |
| Participant's Social Security Number | Participant's Date of Birth |                      |
| <input type="text"/>                 | <input type="text"/>        |                      |
| Email Address                        | M M D D Y Y Y Y             |                      |
| <input type="text"/>                 |                             |                      |

## 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). 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"/> |                      |
| 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"/> |

**[CONTINUES ON 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)

[illegible]

Company or Trustee's Mailing Address 1

[illegible]

Company or Trustee's Mailing Address 2

[illegible]

Company or Trustee's City

State

Zip Code

[illegible]

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Your Account Number

Company or Trustee's Phone Number

[illegible]

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## 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 ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT 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).

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |

Participant 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.NORTHERNTRUSTERISA.COM](http://WWW.NORTHERNTRUSTERISA.COM), OR CALL (844) 525-9073**