WakeMed ERISA Settlement
P.O. Box 2007
Chanhassen, MN 55317-2007
www.WakeMedERISASettlement.com

FORMER PARTICIPANT CLAIM FORM

This Former Participant Claim Form is **ONLY** for Settlement Class Members who are **Former Participants,** or the beneficiaries or alternate payees of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Settlement Class Member who does not have a Plan account with a balance greater than $0.00 as of the date of May 4, 2021.

Former Participants that would like to elect to receive their settlement payment must complete, sign, and mail this form with a postmark on or before **October 29, 2021**. Former Participants who complete and timely return this form will receive their settlement payment by check. Please review the instructions below carefully. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

www.WakeMedERISASettlement.com or call 1-888-845-0364

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PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM

1. If you would like to receive your settlement payment, please complete this claim form. You should also keep a copy of all pages of your Former Participant Claim Form, including the first page with the address label, for your records.
2. **Mail your completed Former Participant Claim Form postmarked on or before October 29, 2021 to the Settlement Administrator at the following address:**

   WakeMed ERISA Settlement
   P.O. Box 2007
   Chanhassen, MN 55317-2007

   It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Claim Form. If you change your address after sending in your Former Participant Claim Form, please provide your new address to the Settlement Administrator.

   You must provide your date of birth, social security number, and signature.
3. **Timing of Payments to Authorized Former Participants.** 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 within six months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Former Participant Claim Form, please call the Settlement Administrator at 1-888-845-0364. 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.WakeMedERISASettlement.com.

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You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the Class Settlement of *Conte v. WakeMed*, Case No. 5:21-cv-00190-D (E.D.N.C.). That settlement provides allocation of monies to the individual accounts of certain persons who participated in the WakeMed Retirement Savings Plan ("Plan") at any time between August 25, 2014 and May 4, 2021 ("Settlement Class Members"). Settlement Class Members who had a Plan account with a balance greater than $0.00 during the Settlement Class Period but who do not have a Plan account with a balance greater than $0.00 as of May 4, 2021 ("Former Participants") will receive their allocations in the form of a check if and only if they mail a valid Former Participant Claim Form postmarked on or before **October 29, 2021** to the Settlement Administrator with the required information. For more information about the Settlement, please see the Notice, visit www.WakeMedERISASettlement.com, or call 1-888-845-0364.

Because you are a Former Participant in the Plan, you are eligible to receive your payment by check payable to you. Please complete and mail this Former Participant Claim Form postmarked on or before **October 29, 2021** to the Settlement Administrator.

PART 2: PARTICIPANT INFORMATION

First Name | M.I. | 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

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 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 Part 4 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 Part 4 on the next page.

Your First Name | M.I. | 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

[FORMER PARTICIPANT CLAIM FORM CONTINUES ON THE NEXT PAGE]

PART 4: SIGNATURE

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 a U.S. person (including a U.S. resident alien).

Participant Signature ***(Required)***

M M D D Y Y Y Y

Date Signed ***(Required)***

QUESTIONS? VISIT: WWW.WAKEMEDERISASETTLEMENT.COM, OR CALL 1-888-845-0364