

ROLLOVER FORM

You may be eligible to receive a payment from a class action settlement. The court has preliminarily approved the class settlement of *Beth Andrew-Berry, et al. v George A. Weiss, et al.*, Civil Action No. 3:23-CV-00978-OAW (D. Conn.). That settlement provides for allocation of monies to certain persons who participated in or were beneficiaries of the GWA, LLC 401(k) Profit Sharing Plan (formerly known as the George Weiss Associates, Inc. 401(k) Profit Sharing Plan) ("Plan") at any time between July 24, 2017 and the Effective Date of the Settlement ("Class Members"). The terms of that Settlement are summarized in the accompanying Notice of Class Action Settlement that is included with this form. For additional information, please review the Notice, visit www.WeissERISASettlement.com, email GWAERISA@noticeadministrator.com, or call 1-877-620-4842.

Class Members who want 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 **August 16, 2025**, or complete and sign it online at www.WeissERISASettlement.com on or before **August 16, 2025**. Please review the instructions below carefully. **Class Members who do not complete and timely return this form may receive their settlement payment as a deposit into their Plan account, or by a check payable to themselves (subject to applicable tax withholding). If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:**

www.WeissERISASettlement.com OR call 1-877-620-4842 OR email GWAERISA@noticeadministrator.com

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 and sign the rollover form online at www.WeissERISASettlement.com on or before **August 16, 2025**. 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. Alternatively, you may mail your completed Rollover Form postmarked on or before **August 16, 2025**, to the Settlement Administrator at the following address:

**GWA ERISASettlement Administrator
P.O Box 2002
Chanhassen, MN 55317-2002**

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

3. Other Reminders:
 - You must provide all required information (including date of birth and social security number) and sign and date your form where indicated below.
 - If you omit to provide all necessary information or fail to sign and date your form, 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 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. If the Settlement is approved by the Court, and there are no appeals, the Settlement distribution likely will occur within three months of the Court's Final Approval Order.

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4. **Questions?** If you have any questions about this Rollover Form, please call the Settlement Administrator at 1-877-620-4842, or email GWAERISA@noticeadministrator.com. 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, at www.WeissERISAsettlement.com.

PART 2: PARTICIPANT 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

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 Class Member and the Class Member 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

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

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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]

Your Account Number

Company or Trustee's Phone Number

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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 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).

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.