UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

Julie Grundstrom, et al., v. Wilcac Life Insurance Company, et al.,
Case No. 3:20-cv-03445-MMC

CLAIM FORM FOR DAMAGES RELIEF

Class Settlement

c/o Settlement Administrator

1650 Arch Street, Suite 2210, Philadelphia, PA 19103

Toll-Free Number: 1-844-405-4091

Email: info@LifeInsuranceTerminationSettlement.com

Website: www.LifeInsuranceTerminationSettlement.com

TO BE CONSIDERED FOR DAMAGES RELIEF IN CONNECTION WITH THE SETTLEMENT, YOU MUST COMPLETE, SIGN, AND TIMELY SUBMIT THIS CLAIM FORM FOR DAMAGES RELIEF TO THE SETTLEMENT ADMINISTRATOR.

This Claim Form for Damages Relief ("Claim Form") is for Settlement Class Members in the Deceased Population. The Deceased Population is defined by the Settlement and Release Agreement ("Agreement")[1] and includes Class Members associated with a Class Policy where the Insured is deceased.

Do not use this Claim Form if the Insured under the Class Policy is still living. A different form and different settlement relief is available if the Insured is still living, as described in the Agreement and Detailed Class Notice. [LINK] You may obtain the Reinstatement Request Form applicable to Class Policies where the Insured is still living either by contacting the Settlement Administrator or by electronically downloading the Reinstatement Request Form available on the Settlement Website at www.LifeInsuranceTerminationSettlement.com.

YOU MAY SUBMIT THIS CLAIM FORM ELECTRONICALLY ON THE SETTLEMENT WEBSITE AT WWW.LIFEINSURANCETERMINATIONSETTLEMENT.COM **BY 11:59 P.M. PST ON JANUARY 6, 2027;** OR MAIL IT BY FIRST-CLASS MAIL TO THE SETTLEMENT ADMINISTRATOR AT THE ABOVE ADDRESS **POSTMARKED NO LATER THAN JANUARY 6, 2027.**

[1] The Agreement, which includes definitions of various capitalized terms used in this Claim Form, is available on the Settlement Website. Unless otherwise set forth herein, initial capitalized terms have the same meaning as defined in the Agreement. In the event of any inconsistency between the Claim Form and the Agreement, the terms of the Agreement control.

IF YOUR CLAIM FORM IS NOT ELECTRONICALLY SUBMITTED OR POSTMARKED BY THE ABOVE DATE, YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DAMAGES RELIEF PROVIDED BY THE PROPOSED SETTLEMENT. WHETHER OR NOT YOU SUBMIT A CLAIM, IF YOU DO NOT REQUEST TO BE EXCLUDED FROM THE DAMAGES CLASS, YOU WILL BE BOUND BY THE AGREEMENT, INCLUDING THE RELEASE AND COVENANT NOT TO SUE. ALL CLASS MEMBERS ARE BOUND BY THE ORDERS OF THE COURT.

PLEASE READ

THE SETTLEMENT ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL OR BY EMAIL IF YOU HAVE PROVIDED AN EMAIL ADDRESS, WITHIN FIFTEEN (15) DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT FROM THE SETTLEMENT ADMINISTRATOR WITHIN THIRTY (30) DAYS, CALL THE SETTLEMENT ADMINISTRATOR TOLL FREE AT 1-844-405-4091.

DO NOT SUBMIT YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR COUNSEL FOR THE PARTIES. SUBMIT YOUR CLAIM FORM ONLY TO THE SETTLEMENT ADMINISTRATOR AS SET FORTH ABOVE.

PLEASE KEEP A COPY OF THIS COMPLETED CLAIM FORM AND ALL SUPPORTING DOCUMENTATION SUBMITTED TO THE SETTLEMENT ADMINISTRATOR FOR YOUR RECORDS.

TABLE OF CONTENTS

PART I - GENERAL INSTRUCTIONS 3

PART II - CLASS POLICY AND CLAIMANT IDENTIFICATION 6

PART III – INSURED IDENTIFICATION 10

PART IV – SUPPORTING DOCUMENTATION ESTABLISHING CLAIMANT'S RIGHT TO CLAIM 12

PART V – CLAIMANT'S ATTESTATIONS, WARRANTIES, AND AUTHORIZATIONS .. 14

PART I - GENERAL INSTRUCTIONS

1. Before completing this Claim Form, it is important that you read the Agreement (including all Exhibits thereto) available on the Settlement Website at www.LifeInsuranceTerminationSettlement.com. The Agreement and Detailed Class Notice (Exhibit B to the Agreement) describe the definition of the Settlement Class and various other terms used in this Claim Form (which are indicated by initial capital letters); the types of relief provided under the Settlement; how the Settlement Class is affected by the Settlement; and the manner in which Settlement Class Members may participate. By signing and submitting this Claim Form, you attest and certify that you have read and that you understand the Agreement and Detailed Class Notice, including the terms of the release described in the Agreement.

2. By signing and submitting this Claim Form, you are attesting and certifying that you were a beneficiary of a Class Policy as of the Class Policy's Final Lapse Date. If you do not meet this description, please do not submit this Claim Form.

3. After submission of your Claim, the Settlement Administrator will determine if you are a Class Member, a Damages Class Member, and an Authorized Claimant for Damages Relief.

"Class Member" means a member of the Class. The Class includes:

> All owners and beneficiaries (where the Insured has died as of July 31, 2026) of individual life insurance policies issued or delivered in California by Wilton[2], or issued and delivered outside of California by Wilton where the Policy Owner resided in California on the Final Lapse Date, that (i) lapsed or terminated during the Class Period for nonpayment of the amount due without the benefit of one or more of the requirements of California Insurance Code Sections 10113.71 and 10113.72; (ii) have a Maturity Date that did not expire prior to the Insured's death, or if the Insured is still living, prior to July 31, 2026; and (iii) were not affirmatively canceled or terminated in writing by the Policy Owner.

"Damages Class Member" means a Class Member in the Deceased Population who does not submit a timely and valid Request for Exclusion to the Settlement Administrator pursuant to the terms of the Agreement.

"Deceased Population" means all Class Members associated with any Class Policy where the Insured is deceased as of July 31, 2026.

"Authorized Claimant" means any Claimant who does not submit a timely and valid Request for Exclusion and whom the Settlement Administrator determines to be entitled to receive some portion of the Class Benefit Fund pursuant to the Agreement.

4. If the Settlement Administrator determines you are not a Class Member, you may not, directly or indirectly, participate in the Settlement and any Claim Form that you submit, or

[2] For purposes of this Settlement, "Wilton" shall mean any Defendant, and their respective predecessor(s) under the Class Policy, but only to the extent one of the Defendants was the insurer under the Class Policy as of the Final Lapse Date.

that may be submitted on your behalf, will not be accepted**.** Even if you are not a Class Member, if you have a connection to a Class Policy, you may still be bound by the Orders of this Court. [LINK to Preliminary Approval Order]

5. If you previously submitted a timely and valid Request for Exclusion, the submission of this Claim Form will supersede your Request for Exclusion and the Request for Exclusion shall become null and void. This means you will not be excluded from the Damages Class and that you will be bound by the terms of the Agreement.

6. By submitting a Claim Form to the Settlement Administrator, you are requesting Damages Relief in the form of a monetary Settlement Payment, the amount of which will be determined by the Settlement Administrator in accordance with the Agreement, including the "Processes and Guidelines for Damages Relief" attached as Exhibit D thereto ("Damages Relief Guidelines").

7. Please be aware that if you make a Claim and the Settlement Administrator approves Damages Relief, you agree to assume all responsibilities and liabilities associated with distribution of the Settlement Payment under law, including making any payments that may be owed to others. [LINK to Agreement and Ex.].

8. After submission of your Claim Form, the Settlement Administrator will conduct an individual analysis of your Claim to determine whether you are an Authorized Claimant, and if so, the amount of your Settlement Payment, pursuant to the Agreement, including the Damages Relief Guidelines.

9. Submission of this Claim Form does not guarantee that you will receive Damages Relief, or any relief at all. The procedures for the determination of your Claim are set forth in the Agreement and Exhibits thereto, including the Damages Relief Guidelines.

10. You must provide all documentation required under the Agreement, the Damages Relief Guidelines, and this Claim Form to support your Claim. Failure to provide this information within the requested time period may result in rejection of your Claim. If the Claim Form is incomplete or missing supporting documentation, the Settlement Administrator will notify you. The notification will set forth the deficiencies in the submitted Claim Form, the additional documentation needed, and the time frame within which those deficiencies must be cured to be entitled to Damages Relief. If you fail to properly complete the Claim Form and/or timely submit the Claim Form and necessary supporting documentation to the Settlement Administrator, the Settlement Administrator will not be required to determine whether you are an Authorized Claimant, and no Settlement Payment may be made to you with respect to the Claim.

11. Each Claimant must complete, sign, and submit their own Claim Form. Similarly, a Claimant seeking to submit Claims relating to multiple Class Policies must complete, sign, and submit a separate Claim Form applicable to each such Class Policy.

12. If the Court enters the Final Approval Order, all Damages Relief determined as part of the Claim process will be provided to Authorized Claimants pursuant to the Agreement after completing the review of all Claims. The claims process will take substantial time to complete fully and fairly. Please be patient.

13. If you have questions concerning the Claim Form, need additional copies of the Claim Form or the Detailed Class Notice, or experience any difficulty completing the Claim Form for any reason, you may contact the Settlement Administrator at the above address, by email at info@LifeInsuranceTerminationSettlement.com, or by toll-free phone at 1-844-405-4091. You also may visit the Settlement Website, www.LifeInsuranceTerminationSettlement.com, where copies of the Claim Form and Detailed Notice are available to view, print, and/or download. The Settlement Administrator is available to assist you in completing this Claim Form. **DO NOT CONTACT THE COURT, DEFENDANTS, DEFENDANTS' COUNSEL REGARDING THIS CLAIM FORM OR ANY CLASS POLICY.**

IMPORTANT: You are required to submit true and correct information when completing the Claim Form. DO NOT MAKE ANY CHANGES TO THIS CLAIM FORM. Failure to provide true and correct information can result in denial of your Claim under the Settlement.

PART II – CLASS POLICY AND CLAIMANT IDENTIFICATION

Please complete this PART II in its entirety. The Settlement Administrator will use this information for all communications with the Claimant regarding the Claim. If any information provided in the Claim Form changes, you MUST promptly notify the Settlement Administrator in writing.

1. Identification of Class Policy

The undersigned, _____, requests Damages Relief with respect to life insurance Policy No. _____under the terms of the class action settlement in *Julie Grundstrom, et al., v. Wilcac Life Insurance Company, et al., Case No. 3:20-cv-03445-MMC* (N.D. California).

Please submit the Class Policy identified above with your Claim Form. If the Class Policy is not submitted with your Claim Form, please state why in the space provided below:

_____

_____

_____

2. Claimant's Name

[Please identify the name of the person submitting this Claim Form and making the Claim. Do not list the name of the deceased Insured here.]

First: _____

Middle: _____

Last: _____

2. Other Names Used by Claimant (if any):

[Please identify any and all names used by the Claimant, including any alias, maiden name, hyphenated name, nicknames, or any derivative of the Claimant's first, middle, or last name, including different spellings commonly incurred by the Claimant.]

First: _____

Middle: _____

Last: _____

3. Claimant's Mailing Address:

_____ _____

Street Address/P.O. Box City, State and Zip Code

4. Claimant's Phone Number(s) & Email Address:

Home Phone: _____

Cell/Mobile: _____

Work Phone: _____

Email: _____

5. Claimant's Authorized Method(s) of Communication from the Settlement Administrator:

[You may select more than one method of communication. Please check all that apply.[3]]

☐ Mail

☐ Home Phone

☐ Mobile Phone

☐ Work Phone

☐ Email

6. Claimant's Date of Birth (day, month, year):_____

7. Claimant's Sex: ☐ Male ☐Female

8. Claimant's Social Security Number: _____

9. Claimant's Taxpayer ID Number (if an estate, trust, or corporation):_____

10. Claimant's Citizenship, if not U.S.A.: _____

11. Claimant's Relationship to Insured:

☐ Spouse/domestic partner

[3] If you authorize the Settlement Administrator to communicate with you by telephone, you agree to pay all fees associated with calls or messages to the phone number provided, including any applicable roaming charges, long-distance fees, or other service-related costs. If you authorize the Settlement Administrator to communicate with you by email, you authorize the Settlement Administrator to send all correspondence and documents relating to the Claim via electronic means to the email address provided.

☐ Parent

☐ Sibling

☐ Child

☐ Ex-spouse/ex-domestic partner (Date of divorce or legal separation:_____)

☐ Other (please explain) _____

12. In what capacity is the Claimant submitting the Claim? Please check the box below that applies to you:

☐ Designated Primary Beneficiary

☐ Designated Contingent/Secondary Beneficiary

☐ Executor/Administrator

☐ Personal Representative

☐ Conservator

☐ Legal Guardian

☐ Trustee

☐ Other (please specify) _____

Please use the space provided below to provide any additional information or explanation regarding the capacity in which the Claimant is submitting the Claim:

_____
_____
_____
_____
_____
_____
_____

13. If the Claimant is submitting this Claim in its capacity as the legal representative of a designated beneficiary of record of a Class Policy (*e.g.*, as the Executor/Administrator, Personal Representative, Conservator, Legal Guardian, Trustee, etc.), identify the name of the designated beneficiary of record below:

First: _____

Middle: _____

Last: _____

PART III – INSURED IDENTIFICATION

INSURED INFORMATION: [Please provide the following information regarding the Insured(s) under the Class Policy].

1. Name of Insured:

   First:_____

   Middle:_____

   Last:_____

2. Other name(s) used by Insured (if any):

[Please identify any and all names used by the Insured, including any alias, maiden name, hyphenated name, nicknames, or any derivative of the Insured's first, middle, or last name, including different spellings commonly incurred by the Insured.]

   First:_____

   Middle:_____

   Last: _____

3. Insured's Last Known Address:

_____ _____
Street Address/P.O. Box City, State and Zip Code

4. Date of Birth (Month/Day/Year):_____

5. Date of Death (Month/Day/Year):_____

ADDITIONAL INSURED'S INFORMATION [Applicable to Class Policies with more than one Insured. Please provide the name of the second now-deceased additional Insured under the Class Policy here. If there was only one Insured under the Class Policy, skip this section.]

1. Name of Additional Insured:

   First:_____

   Middle:_____

   Last:_____

2. Other name(s) used by Additional Insured (if any):

   [Please identify any and all names used by the Additional Insured, including any alias, maiden name, hyphenated name, nicknames, or any derivative of the Additional Insured's first, middle, or last name, including different spellings commonly incurred by the Additional Insured.]

   First:_____

   Middle:_____

   Last: _____

3. Additional Insured's Last Known Address:

   _____ _____
   Street Address/P.O. Box City, State and Zip Code

4. Date of Birth (Month/Day/Year):_____

5. Date of Death (Month/Day/Year):_____

name in the last f

PART IV – SUPPORTING DOCUMENTATION ESTABLISHING CLAIMANT'S RIGHT TO CLAIM

Any documents submitted to the Settlement Administrator in support of the Claim will not be returned to the Claimant. Please retain copies of all supporting documentation submitted to the Settlement Administrator for your records.

Proof of Claimant's Identity

A Claimant must provide proof of the Claimant's identity sufficient to establish their beneficial interest in the Class Policy and support their Claim. Proof of the Claimant's identity may include a copy of a current valid passport, naturalization certificate, driver's license, military ID card, or other current government-issued identification. The Settlement Administrator will cross-reference the Claimant's proof of identity against the Class List and Defendants' records to verify that the Claimant was a primary beneficiary of record under the Class Policy as of the Final Lapse Date, or otherwise has a beneficial interest in the Class Policy and is entitled to a Settlement Payment.

If the Claimant is an authorized legal representative acting on behalf of a designated beneficiary of record of a Class Policy as of the Final Lapse Date (*e.g.*, as the Executor/Administrator, Personal Representative, Conservator, Legal Guardian, Trustee, or other person with legal authority to act on the designated beneficiary's behalf), the Claimant must provide a copy of the legal document(s) authorizing the Claimant to act on behalf of the beneficiary. Acceptable legal documents include (for example) executed trust agreements and any amendments thereto, wills, guardianship papers, Court orders, letters testamentary, and/or power of attorney forms.

The Claimant must agree to assume all responsibilities and liabilities associated with distribution of the Settlement Payment under law, including making any payments that may be owed to others, as set forth in further detail in the Attestations and Warranties section of the Claim Form.

Proof of Insured's Death

A Claimant must also provide proof of death of the Insured under the Class Policy. Proof of death of the Insured must be in the form of a certified copy of the Insured's death certificate. A certified copy of the Insured's death certificate may be obtained from the Vital Records Division in the state where the Insured's death occurred. For example, more information about certified death records for deaths occurring in California, and how Claimants can obtain them, can be found at the California Department of Public Health Vital Records' website here: https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Obtaining-Certified-Copies-of-Death-Records.aspx.

If the Insured's death occurred outside the United States, proof of death must be in the form of a certified copy of death certificate from the foreign country where the Insured's death occurred. Additional information or documentation may be requested to verify an Insured's death that occurred in a foreign country.

The Settlement Administrator will cross-reference the Claimant's proof of death of the Insured against the Class List, and if necessary, Defendants' records and/or publicly available records to

verify that the decedent identified in the death certificate is the Insured under the Class Policy and the Insured's date of death.

Proof of a Beneficiary's Death

If a Claimant is seeking Damages Relief under a Class Policy, in whole or in part, on the basis that a designated beneficiary of a Class Policy as of the Final Lapse Date is now deceased, the Claimant must also provide due proof of death and the verified date of death of the designated beneficiary. Due proof of death of a primary beneficiary of record of a Class Policy must be in the form of a certified copy of the beneficiary's death certificate. A certified copy of death certificate may be obtained from the Vital Records Division in the state where the designated beneficiary's death occurred. If the designated beneficiary's death occurred outside the United States, a certified copy of death certificate may be obtained from the foreign country where the death occurred.

Changes to the Name of the Claimant, Insured, or Deceased Beneficiary of Record

If there has been any change to the name of the Claimant, Insured, and/or a deceased beneficiary of record such that the name listed on the Claim Form or certified death certificate does not match Defendants' records for the Class Policy as of the Final Lapse Date, the Claimant must also provide a certified copy of the legal document effectuating the name change, such as a marriage certificate, divorce decree, or court order.

PART V – CLAIMANT'S ATTESTATIONS, WARRANTIES, AND AUTHORIZATIONS

You are eligible for Damages Relief only if you can attest and warrant to the truth of each of the following statements, and do so by your initials and signature below. **IF ANY OF THESE STATEMENTS ARE NOT TRUE AS TO YOU, DO NOT INITIAL THE STATEMENT OR SIGN YOUR NAME.** Do not make any changes to the form.

1. I was a designated beneficiary of the Class Policy as of the Final Lapse Date (or am an authorized legal representative of either a designated beneficiary, or a beneficiary by default where no designated beneficiary is living) and am entitled to collect a Settlement Payment. [**Claimant's initials:_____]**

2. I acknowledge and agree to assume all responsibilities and liabilities associated with distribution of the Settlement Payment under applicable law, including making any payments that may be owed to others. **[Claimant's initials:_____]**

3. I understand and agree that all persons claiming an interest or right in the Class Policy must act jointly in exercising any right provided under the Agreement with respect to the Class Policy, such as making this Claim, excluding him or herself from the Settlement Class, or objecting to the Settlement. **[Claimant's initials:_____]**

4. I understand and agree that the Settlement Administrator will be the sole determiner as to whether I qualify as an Authorized Claimant, subject only to the Court (or the Special Master, if appointed by the Court) overruling the Settlement Administrator's determinations in connection with any appeal to the Court (or Special Master, if appointed by the Court) of the Settlement Administrator's determinations. **[Claimant's initials:_____]**

5. I understand and agree that there is no recourse to any court (other than the Court in this Action) or any regulatory or judicial body for contesting any determination made by the Settlement Administrator, the Court, or the Special Master (if appointed by the Court) with respect to my Claim. **[Claimant's initials:_____]**

6. I understand and agree that any Settlement Payment issued in connection with this Claim Form is a settlement payment made as a matter of compromise regarding disputed claims in the Action, and is not a death benefit payment (or any other type of insurance payment) under the terms of the Class Policy. **[Claimant's initials:_____]**

7. I understand and agree that, pursuant to the terms set forth in the Agreement, I am bound by all Orders of the Court and the Agreement, including without limitation, the release and covenant not to sue. **[Claimant's initials:_____]**

8. I acknowledge and understand that providing false information and/or omitting information in connection with this Claim Form may result in the rejection of this Claim, and may also subject me to civil liability and/or criminal prosecution. **[Claimant's initials:_____]**

By signing my name below, I declare under penalty of perjury under the laws of the United States of America and under the laws of the State of California that (i) I have read this Claim Form in its entirety, including all statements and answers herein, and know the contents thereof; (ii) all

statements and answers provided in this Claim Form are complete, true, and correct to the best of my knowledge; and (iii) all documents submitted in connection with, or in further support of, this Claim Form, are genuine, authentic, and complete.

Claimant's Name (Print):_____

Claimant's Signature:_____

Executed at _____ **on** _____
City and State **Month, Day, Year**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

E-SIGNATURE AUTHORIZATION AND DISCLOSURES

1. **Right to receive paper document**: You have the right to have any document provided in paper form. If you want a paper copy of any document sent to you by email, send your request to the Settlement Administrator at the mail or email address provided below. Paper copies will be provided at no charge.

2. **Right to withdraw consent:** You have the right to withdraw your consent to receive electronic documents by email by contacting the Settlement Administrator by mail or email at the address provided below. The legal validity and enforceability of the electronic documents, signatures and deliveries used prior to withdrawal of consent will not be affected.

3. **Changes to your contact information:** You should keep the Settlement Administrator informed of any change in your mailing address, telephone number, or email address. Please contact the Settlement Administrator as promptly as possible by mail or email to advise the Settlement Administrator regarding any such changes.

4. **Consent to electronic signatures and documents**: By completing and submitting this Claim Form electronically, you are providing electronic consent to the use of electronic documents and signatures in connection with your Claim. Specifically, you are acknowledging receipt of this Claim Form and consenting to the use of electronic documents, email delivery of documents, and electronic signatures in any transactions relating to your Claim.

Claimant's Signature:_____ **Date:**_____

REMINDER CHECKLIST

1. Be sure to complete and sign all applicable sections of the Claim Form.

2. Review your responses to the Claim Form for accuracy before submitting the Claim Form to the Settlement Administrator.

3. Be sure you have provided a certified copy of death certificate for the Insured and any other supporting documentation with your Claim Form.

4. Retain copies of the completed Claim Form and any supporting documentation submitted to the Settlement Administrator for your own records.

5. The Settlement Administrator will acknowledge receipt of your Claim Form by mail, or email if you provided an email address, within fifteen (15) days. If you do not receive an acknowledgement within thirty (30) days, please contact the Settlement Administrator as provided below.

6. If circumstances change such that any response or information provided in the Claim Form—including Claimant's legal name, contact information, or Attestations and Warranties—is no longer accurate, you must promptly notify the Settlement Administrator in writing of the inaccurate response or information and provide the corrected/updated response or information to the Settlement Administrator in writing.

7. If you have any questions or concerns regarding your Claim, require additional information, or experience any difficulty completing the Claim Form, please contact the Settlement Administrator at the address below, by email at info@LifeInsuranceTerminationSettlement.com, or by toll-free phone at **1-844-405-4091.** You may also visit the Settlement Website at www.LifeInsuranceTerminationSettlement.com. **DO NOT CONTACT THE COURT, THE PARTIES, OR COUNSEL FOR THE PARTIES WITH QUESTIONS REGARDING YOUR CLAIM.**

THIS CLAIM FORM MUST EITHER BE ELECTRONICALLY SUBMITTED VIA THE SETTLEMENT WEBSITE AT WWW.LIFEINSURNACETERMINATIONSETTLEMENT.COM **BY 11:59 P.M. PST on JANUARY 6, 2027;** OR BE MAILED TO THE SETTLEMENT ADMINISTRATOR BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN JANUARY 6, 2027** ADDRESSED AS FOLLOWS:

Class Settlement

c/o Settlement Administrator

1650 Arch Street, Suite 2210, Philadelphia, PA 19103

A Claim Form received by the Settlement Administrator shall be deemed to have been submitted when posted, if a postmark date on or before **January 6, 2027** is indicated on the envelope and it is mailed via First Class Mail, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator.