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

REINSTATEMENT RELIEF REQUEST FORM

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 INJUNCTIVE RELIEF IN CONNECTION WITH THE PROPOSED SETTLEMENT, YOU MUST COMPLETE, SIGN, AND TIMELY SUBMIT THIS REINSTATEMENT RELIEF REQUEST FORM TO THE SETTLEMENT ADMINISTRATOR.

This Reinstatement Relief Request Form ("Reinstatement Request Form") is for Settlement Class Members in the Alive Population. The Alive Population is defined by the Settlement and Release Agreement ("Agreement")[1] and includes Policy Owners of a Class Policy that lapsed for a final time during the Class Period (between January 1, 2013, and July 31, 2026) where there is at least one living Insured.

Do not use this Reinstatement Request Form if the Insured under the Class Policy is deceased. A different form, and different settlement relief, is available if the Insured is no longer alive. You may obtain the appropriate Claim Form either by contacting the Settlement Administrator or by electronically submitting or downloading the Claim Form found on the Settlement Website at www.LifeInsuranceTerminationSettlement.com.

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

[1] The Agreement, which includes definitions of various capitalized terms used in this Reinstatement Request 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 Reinstatement Request Form and the Agreement, the terms of the Agreement control.

IF YOUR REINSTATEMENT REQUEST FORM IS NOT SUBMITTED OR MAILED BY THE ABOVE DATE, YOU WILL NOT BE ELIGIBLE TO PARTICIPATE IN ANY SETTLEMENT RELIEF PROVIDED BY THE PROPOSED SETTLEMENT. WHETHER OR NOT YOU SUBMIT A REINSTATEMENT REQUEST FORM, 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 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, EMAIL OR CALL THE SETTLEMENT ADMINISTRATOR TOLL FREE AT INFO@LIFEINSURNACETERMINATIONSETTLEMENT.COM OR 1-844-405-4091.

DO NOT MAIL OR DELIVER YOUR REINSTATEMENT REQUEST FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR THEIR COUNSEL. SUBMIT YOUR FORM ONLY TO THE SETTLEMENT ADMINISTRATOR, AS SET FORTH ABOVE.

PLEASE KEEP A COPY OF THIS COMPLETED REINSTATEMENT REQUEST FORM FOR YOUR RECORDS.

TABLE OF CONTENTS

PART I - GENERAL INSTRUCTIONS 3

PART II – CLASS POLICY AND REQUESTOR IDENTIFICATION..... 6

PART III - ATTESTATIONS AND WARRANTIES..... 10

PART I - GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Agreement and Detailed Class Notice available on the Settlement Website (www.LifeInsuranceTerminationSettlement.com) before completing this Reinstatement Request Form. The Agreement and Detailed Class Notice describe the definition of the Class and various other terms used in this Reinstatement Request 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 Reinstatement Request Form, you are certifying that you have read and understand the Agreement and Detailed Class Notice, including the terms of the release described in the Agreement and Detailed Class Notice.

2. By signing and submitting this Reinstatement Request Form, you are certifying that you were the Policy Owner of a life insurance policy issued or delivered in California by Wilton[2], or issued or 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) has at least one Insured still living as of July 31, 2026; (iii) has a Maturity Date that did not expire prior to July 31, 2026; and (iv) was not affirmatively canceled or terminated in writing by the Policy Owner. If you do not meet this description, please do not submit this Reinstatement Request Form.

3. After receiving your completed Reinstatement Request Form and any supporting documentation, the Settlement Administrator will determine if you are a Class Member, an Injunctive Relief Class Member, and an Authorized Requestor.

"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, or issued or 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.

"Injunctive Relief Class Member" means a Class Member in the Alive Population. The "Alive Population" means all living Policy Owners of any Class Policy (or if the Policy Owner of a Class Policy is deceased, that Policy Owner's successor in interest) where the Insured is alive as of July 31, 2026.

[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.

“Requestor” means a Class Member in the Alive Population who submits a Reinstatement Request Form to the Settlement Administrator pursuant to the terms of the Agreement.

“Authorized Requestor” means any Requestor whose Request for Reinstatement has been allowed by the Settlement Administrator pursuant to the terms of the Agreement.

4. If the Settlement Administrator determines you are an Authorized Requestor, you will receive an estimate of the Discounted Reinstatement Amount required to reinstate the Class Policy, as set out in more detail in the Agreement. However, neither the Settlement Administrator nor Defendants can calculate the exact Discounted Reinstatement Amount applicable to a Class Policy until after the Final Settlement Date. Commencing thirty (30) days after the Final Settlement Date, the Settlement Administrator or Defendants will send each Authorized Requestor written notice explaining how to proceed with obtaining reinstatement of the Class Policy, including providing the Discounted Reinstatement Amount and the date by which Defendants must receive the Discounted Reinstatement Amount to reinstate the Class Policy.

5. If the Settlement Administrator determines you are not a Class Member, you may not, directly or indirectly, participate in the Settlement and any Reinstatement Request Form you submit, or that may be submitted on your behalf, will not be accepted. Even if you are not a Settlement 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]

6. By submitting this Reinstatement Request Form, you are requesting Injunctive Relief, which allows Class Policies to be reinstated without underwriting, contingent on Defendants first receiving the sum of: (i) ninety percent (90%) of the amount that would have been owed had the Class Policy not lapsed; plus (ii) one hundred percent (100%) of the amount necessary to keep the Class Policy in-force for three (3) months after the Reinstatement Date (collectively (i) and (ii) are referred to as the "Discounted Reinstatement Amount"). The Discounted Reinstatement Amount may be paid either (i) in a single lump-sum payment, or (ii) in up to six (6) equal monthly installments (the "Installment Payment Option"). If an Authorized Requestor elects to pay the Discounted Reinstatement Amount via the Installment Payment Option, each installment payment must be received by the Settlement Administrator on or before the installment payment deadlines set forth in the written notice. No Class Policy will be reinstated under the Agreement unless the Discounted Reinstatement Amount is timely paid in full. An Authorized Requestor’s failure to timely tender any installment payment shall terminate the Authorized Requestor's right to reinstatement under the Agreement, and the Settlement Administrator shall return any prior installment payments to the Authorized Requestor.

7. Submission of this Reinstatement Request Form does not guarantee that you will receive Injunctive Relief. The procedures for the determination of your Reinstatement Request are set forth in the Agreement and Exhibits thereto.

8. Please be aware that if your Reinstatement Request is approved, you are required to pay the Discounted Reinstatement Amount to reinstate the Class Policy, and will be responsible for making all payments required to keep the Reinstated Class Policy in force on a going forward basis pursuant to the terms of the insurance contract. Your obligations and other information regarding Injunctive Relief are set forth in the Agreement, the Reinstatement Guidelines, and the

Detailed Class Notice, which are available for review on the Settlement Website [LINK to Agreement and Detailed Class Notice]. If at any point you choose not to proceed with reinstatement, your Reinstatement Request will be considered withdrawn and you will not be required to pay the Discounted Reinstatement Amount, but you will remain bound by the Agreement.

9. All Policy Owners of the Class Policy must sign this Reinstatement Request Form, and their names must appear as "Requestors" in Part II of this Reinstatement Request Form.

10. If the Court approves the proposed Settlement, all relief determined as part of the Settlement process will be provided to Authorized Requestors pursuant to the Agreement after any appeals are resolved, and after the completion of Reinstatement Request processing, including calculating the actual (as opposed to estimated) Discounted Reinstatement Amount required to reinstate the Class Policy. The Reinstatement Request process will take substantial time to complete fully and fairly. Please be patient.

11. If you have questions concerning the Reinstatement Request Form, or need additional copies of the Reinstatement Request Form or Detailed Class Notice, or if you have difficulty completing this 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, or you can visit the Settlement Website, www.LifeInsuranceTerminationSettlement.com, where copies of the Reinstatement Request Form and Detailed Class Notice are available. The Settlement Administrator is available to assist you in completing this form. DO NOT CONTACT DEFENDANTS, DEFENDANTS' COUNSEL OR THE COURT ABOUT THIS REINSTATEMENT REQUEST FORM OR ANY CLASS POLICY

IMPORTANT: You are required to submit true and correct information when completing the Reinstatement Request Form. DO NOT MAKE ANY CHANGES TO THIS REINSTATEMENT REQUEST FORM. Failure to provide true and correct information can result in denial of your Reinstatement Request under the Settlement; or, if your Class Policy is reinstated, Defendants may terminate coverage and deny any Reinstated Class Policy benefits as well as take any other action that may be appropriate.

PART II – CLASS POLICY AND REQUESTOR IDENTIFICATION

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

SECTION I

1. Identification of Class Policy

The undersigned, _____, hereby request(s) to reinstate 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 (N.D. California).

2. Insured 1 Information (*Required*)

Name of Insured 1 (First, Middle, Last)*: _____

Gender:_____

Birthdate:_____

Birth State:_____

Marital Status: ☐ Single ☐Married ☐ Divorced ☐ Widow

Driver's License No. & State: _____

Social Security No./Tax ID No.: _____

Home Phone Number:_____

Cell Phone Number: _____

Address (City, State, Zip Code)*:

_____

Email Address: _____

3. Insured 2 Information (if applicable)

Name of Insured 1 (First, Middle, Last): _____

Gender: _____

Birthdate:_____

Birth State:_____

Marital Status: ☐ Single ☐Married ☐ Divorced ☐ Widow

Driver's License No. & State: _____

Social Security No./Tax ID No.: _____

Home Phone Number:_____

Cell Phone Number: _____

Address (City, State, Zip Code): _____

Email Address: _____

4. <u>Policy Owner 1/Requestor 1 Information (if other than Insured)</u>

Name (First, Middle, Last)*:_____

Birthdate:_____

Relationship to Insured:_____

Social Security No./Tax ID No.:_____

Home Phone Number:_____

Cell Phone Number: _____

Address (City, State, Zip Code)*:

_____

Email Address:_____

5. <u>Policy Owner 2/Requestor 2 Information (if other than Insured)</u>

Name (First, Middle, Last):_____

Birthdate:_____

Relationship to Insured:_____

Social Security No./Tax ID No.:_____

Home Phone Number:_____

Cell Phone Number: _____

Address (City, State, Zip Code): _____

Email Address: _____

6. <u>Requestor's Authorized Method(s) of Communication from the Settlement Administrator</u>

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

☐ Mail

☐ Home Phone

☐ Cell Phone

☐ Work Phone

☐ Email

7. <u>Payment of Discounted Reinstatement Amount (Select One)</u>

[Select the method by which the Authorized Requestor chooses to pay the Discounted Reinstatement Amount necessary to reinstate the Class Policy.]

☐ I elect to pay the Discounted Reinstatement Amount in a single lump-sum payment.

☐ I elect to pay the Discounted Reinstatement Amount in up to six (6) equal monthly installments.

[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.

SECTION II

Under California law, you have the right to designate at least one person as a secondary addressee for your policy. If designated, you and the person(s) you name will receive notices whenever your policy is in danger of lapsing or terminating due to nonpayment of premiums. If you wish to designate a secondary addressee, please complete the Request to Designate a Secondary Addressee form below.

REQUEST TO DESIGNATE A SECONDARY ADDRESSEE

Policy Number: _____

Name of Secondary Addressee:_____

Address of Secondary Addressee:_____

City: _____ State:_____ Zip Code:_____

Telephone: (____)_____

Signature of Policy Owner 1:_____Date:_____

Signature of Policy Owner 2:_____Date:_____

PART III - ATTESTATIONS AND WARRANTIES

You are eligible for Injunctive Relief only if you 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 (we) understand and agree that no portion of the Discounted Reinstatement Amount or future amounts due under the Reinstated Class Policy will be paid by anyone other than the Policy Owner, Insured, and the Insured's family or employer. **[Requestor's initials:_____]**

2. I (we) have not assigned, pledged, sold, or transferred any right, title, or other interest I (we) have, had, or may have had in the Class Policy or the Reinstated Class Policy. **[Requestor's initials:_____]**

3. I (we) understand and agree that no person or entity other than those with a familial or employment relationship with the Insured will obtain any right, title, or interest in the Reinstated Class Policy or in any trust which is to own the Reinstated Class Policy, issued on the life of the Insured(s) as a result of this Reinstatement Request. **[Requestor's initials:_____]**

4. I (we) understand and agree that no insurance shall take effect under any Reinstated Class Policy unless and until the Discounted Reinstatement Amount is timely paid in full while the Insured is alive. **[Requestor's initials:_____]**

5. I (we) understand and agree that all statements and answers in this Reinstatement Request Form shall be the basis for, and become a part of and attached to, any Reinstated Class Policy issued based on this Reinstatement Request Form. I (we) further understand and agree that acceptance of the Reinstated Class Policy by the Policy Owner(s) shall constitute ratification of any changes made by Defendants. **[Requestor's initials:_____]**

6. I (we) understand and agree that information, records and data the Settlement Administrator receives pursuant to this Reinstatement Request Form may be disclosed to and used by Defendants and any employee, reinsurer, affiliate, independent contractor, agent, or vendor of Defendants who performs a business service for Defendants on the insurance applied for or on existing insurance with Defendants. **[Requestor's initials:_____]**

7. I (we) hereby acknowledge that, pursuant to the terms set forth in the Agreement, I (we) are bound by all Orders of the Court and the Agreement, including without limitation, the release and covenant not to sue. **[Requestor's initials:_____]**

By signing my name below, I (we) 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 (we) have read this Reinstatement Request Form in its entirety, including all statements and answers herein, and know the contents thereof; (ii) all statements and answers provided in this Reinstatement Request 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 Reinstatement Request Form are genuine, authentic, and complete.

Name of Policy Owner 1 (Print):_____

Signature of Policy Owner 1:_____

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

Name of Policy Owner 2 (Print):_____

Signature of Policy Owner 2:_____

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

Name of Insured 1 (Print):_____

Signature of Insured 1:_____

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

Name of Insured 2 (Print):_____

Signature of Insured 2:_____

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. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement

was made with the actual intent to deceive or unless it materially affects either the acceptance of the risk or the hazard assumed by the insurer.

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 changes to 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 Reinstatement Request Form electronically, you are providing electronic consent to the use of electronic documents and signatures in connection with your Reinstatement Request. Specifically, you are acknowledging receipt of this Reinstatement Request Form and consenting to the use of electronic documents, email delivery of documents, and electronic signatures in any communication with the Settlement Administrator or documents relating to your Reinstatement Request.

Signature of Policy Owner 1:_____ **Date:**_____

Signature of Policy Owner 2:_____ **Date:**_____

REMINDER CHECKLIST

1. Be sure to complete and sign all applicable sections of the Reinstatement Request Form. If this Reinstatement Request Form is submitted by or on behalf of more than one Requestor or Policy Owners of a Class Policy, then all Requestors or Policy Owners of that Class Policy must sign this Reinstatement Request Form.

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

3. Retain copies of the completed Reinstatement Request Form and any additional documentation submitted to the Settlement Administrator for your own records.

4. The Settlement Administrator will acknowledge receipt of your Reinstatement Request 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.

5. If circumstances change such that any response or information provided in the Reinstatement Request Form—including but not limited to, the Insured's death and the Requestor's legal name, contact information, and Attestations and Warranties—is no longer accurate, or requires additional information, 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.

6. If you have any questions or concerns regarding your Reinstatement Request, require additional information, or experience any difficulty completing the Reinstatement Request 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, DEFENDANTS, OR DEFENDANTS' COUNSEL ABOUT THIS REINSTATEMENT REQUEST FORM OR ANY CLASS POLICY**.**

THIS REINSTATEMENT REQUEST FORM MUST EITHER BE ELECTRONICALLY SUBMITTED ON THE SETTLEMENT WEBSITE AT WWW.LIFEINSURANCETERMINATIONSETTLEMENT.COM **BY 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

Email: info@LifeInsuranceTerminationSettlement.com

A Reinstatement Request Form received by the Settlement Administrator shall be deemed to have been submitted to the Settlement Administrator on the date it is postmarked, if a postmark date 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 Reinstatement Request Form shall be deemed to have been submitted when actually received by the Settlement Administrator.