

**FORMER PARTICIPANT ROLLOVER FORM**

This Former Participant Rollover Form is **ONLY** for Settlement Class Members who are **Former Participants**, or the Beneficiaries or Alternate Payees of Former Participants of the Georgia-Pacific LLC Hourly 401(k) Plan, the Georgia-Pacific LLC 401(k) Retirement Savings Plan, and the Koch Industries Inc. Employees' Savings Plan (collectively, the "Plans"). A Former Participant is a Class Member who participated in the Plan(s) between July 16, 2014 and December 31, 2020 (referred to as the "Class Period"), but who no longer had an Active Account in the Plans at the time of the Court's order preliminarily approving the Settlement.

**Former Participants who would like to elect 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 December 27, 2021.** Please review the instructions below carefully. **Former Participants who do not complete and timely return this form will receive their settlement payment by a check.** If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

Koch ERISA Settlement  
P.O. Box 2007  
Chanhassen, MN 55317-2007  
[www.KochERISASettlement.com](http://www.KochERISASettlement.com)

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

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, complete this rollover form. 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.
2. **Mail your completed Former Participant Rollover Form postmarked on or before December 27, 2021 to the Settlement Administrator at the following address:**

Koch 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 Rollover Form.

3. Other Reminders:
  - You must provide date of birth, 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.
  - 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 Settlement 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

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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 Rollover Form, please call the Settlement Administrator at 1-855-918-5985. 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.KochERISASettlement.com](http://www.KochERISASettlement.com).

## PART 2: PARTICIPANT INFORMATION

First Name	M.I.	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mailing Address		
<input style="width: 100%;" type="text"/>		
City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Home Phone	Work Phone or Cell Phone	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Participant's Social Security Number	Participant's Date of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Email Address	M M      D D      Y Y Y Y	
<input style="width: 100%;" 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 Class Member and the Former Participant 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	M.I.	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Your Social Security Number or Tax ID Number	Your Date of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Your Mailing Address	M M      D D      Y Y Y Y	
<input style="width: 100%;" type="text"/>		
City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**[FORMER PARTICIPANT ROLLOVER FORM CONTINUES ON THE NEXT PAGE]**

