

ADG ESOP Class Action Settlement Administrator

P.O. Box 2010

Chanhassen, MN 55317-2010

[www.ADGESOPsettlement.com](http://www.ADGESOPsettlement.com)

**ROLLOVER FORM**

In order to receive your share of the Settlement by direct rollover to a qualified individual retirement account, Class Members must complete, sign, and mail this form with a postmark on or before **October 9, 2024**. Please review the instructions below carefully. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

[www.ADGESOPsettlement.com](http://www.ADGESOPsettlement.com) or call 1-877-883-4740

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

1. If you would like to receive your share of the Settlement by direct rollover to a qualified individual retirement account (commonly called an "IRA") or qualified employer plan (such as a 401(k) plan), please complete this Rollover Form. 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. **Mail your completed Rollover Form postmarked on or before October 9, 2024 to the Settlement Administrator at the following address:**

**ADG ESOP Class Action Settlement Administrator**

**P.O. Box 2010**

**Chanhassen, MN 55317-2010**

**You also may email a completed, signed copy to [ADGsettlement@noticeadministrator.com](mailto:ADGsettlement@noticeadministrator.com). It is your responsibility to ensure the Settlement Administrator has timely received your Rollover Form.**

3. **Other Reminders:**
  - You must provide your 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 direct 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 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 final and no longer subject to an appeal 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 four months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Rollover Form, please call the Settlement Administrator at [phone number]. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement or your situation. 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.ADGESOPsettlement.com](http://www.ADGESOPsettlement.com).

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

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Colon, et al. v. Johnson, et al.*, Case No. 8:22-cv-888-TPB-TGW (M.D. Fla.). That Settlement provides allocation of monies to all participants and beneficiaries of the Electric Supply Employee Stock Ownership Plan who participated in the Plan at any time between January 1, 2016 through April 14, 2021, excluding Defendants. Settlement Class Members will receive their allocations in the form of a check or in the form of a rollover if and only if they mail a valid Rollover Form postmarked on or before **October 9, 2024** to the Settlement Administrator with the required information to effectuate the rollover. For more information about the Settlement, Please see the Notice Of Class Action Settlement And Fairness Hearing, visit [www.ADGESOPsettlement.com](http://www.ADGESOPsettlement.com), or call 1-877-883-4740.

Because you are a Settlement Class Member in the Plan, you must decide whether you want your payment (1) sent payable to you directly by check or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To elect a rollover, please complete and mail this Rollover Form postmarked on or before **October 9, 2024** to the Settlement Administrator. If you do not return this form, your payment will be sent to you directly by check.

### PART 2: SETTLEMENT CLASS MEMBER 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: 70%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Home Phone	Work Phone or Cell Phone	
<input style="width: 30%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 30%;" type="text"/>	
Class Member's Social Security Number	Class Member's Date of Birth	
<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 30%;" 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 Settlement Class Member and the Settlement 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: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 30%;" 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: 70%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>

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

**PART 4: PAYMENT ELECTION**

**Direct Rollover to an Eligible Plan** – Check only one box below and complete the 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*)

[Grid for Company or Trustee's Name]

Company or Trustee's Mailing Address 1

[Grid for Company or Trustee's Mailing Address 1]

Company or Trustee's Mailing Address 2

[Grid for Company or Trustee's Mailing Address 2]

Company or Trustee's City

State          Zip Code

[Grid for Company or Trustee's City]          [Grid for State]          [Grid for Zip Code]

Your Account Number

Company or Trustee's Phone Number

[Grid for Account Number]          [Grid for Phone Number]

**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).

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**Class Member Signature (Required)**

M M          D D          Y Y Y Y  
[Grid] - [Grid] - [Grid]

**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.

**QUESTIONS? VISIT: [WWW.ADGESOPSETTLEMENT.COM](http://WWW.ADGESOPSETTLEMENT.COM), OR CALL 1-877-883-4740**