

Vanderbilt 403(b) Settlement Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007
www.vanderbilt403bsettlement.com

FORMER PARTICIPANT CLAIM FORM

This Former Participant Claim Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries, alternate payees or attorneys-in-fact of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Class Member who did not have a Plan Account with a balance greater than \$0 as of March 31, 2019 and did not have a balance in the Vanderbilt University Medical Center Retirement Plan greater than \$0 as of March 31, 2019.

This form must be completed, signed and mailed with a postmark date no later than **October 12, 2019** to the Settlement Administrator or electronically submitted online at www.vanderbilt403bsettlement.com using the Claim Number and PIN referenced at the top of this Claim Form in order for you to receive your share of the Settlement proceeds. Former Participants who do not complete and timely return this form will not receive any Settlement payment. Please review the instructions below carefully. If you have questions regarding this Claim Form, you may contact the Settlement Administrator as indicated below.

PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM

1. Complete this claim form and keep a copy of all pages of your Former Participant Claim Form, including page 1 with the address label, for your records.
2. Submit electronically online at www.vanderbilt403bsettlement.com using the Claim Number and PIN referenced at the top of this Claim Form no later than **October 12, 2019** or mail your completed Former Participant Claim Form that is postmarked no later than **October 12, 2019** to the Settlement Administrator at following address:

Vanderbilt 403(b) Settlement Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Claim 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 do not complete in full the rollover information in Part 4 Payment Election of the Settlement Distribution Form, payment will be made to the participant.
 - If you change your address after sending in your Former Participant Claim Form, please send your new address to the Settlement Administrator.
 - **Timing Of Payments To Eligible Settlement Class Members.** Please note that Settlement payments are subject to the Settlement Agreement's receiving final Court approval. If the Settlement Agreement is approved and if you are entitled to a Settlement payment under the terms of the Settlement, such payments will be distributed no earlier than early 2020 due to the need to process and verify information for all Settlement Class Members who are entitled to a payment and to compute the amount of each payment. Payments may be further delayed if any appeals are filed.
4. **Questions?** If you have any questions about this Former Participant Claim Form, please call the Settlement Administrator at 1-855-930-1070. 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. For more information about the settlement, please see www.vanderbilt403bsettlement.com, or call 1-855-930-1070.

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Cassell, et al. v. Vanderbilt University, et al.*, Case No. 3:16-cv-02086. That settlement provides monies to the individual accounts of Class Members who had retirement plan accounts with a positive balance in the Vanderbilt University Retirement Plan and the Vanderbilt University New Faculty Plan ("Plan") as of March 31, 2019 plus former Plan participant who had a balance greater than \$0 in the Vanderbilt University Medical Center Retirement Plan as of March 31, 2019 ("Current Participants"). Class Members who did not have a Plan account with a positive balance as of March 31, 2019 ("Former Participants") will receive their allocation in the form of a check or rollover but only if they mail a valid Former Participant Claim Form postmarked no later than **October 12, 2019** to the Settlement Administrator.

Because you are a Former Participant (or beneficiary of a Former Participant), you must decide whether you want your payment (1) sent payable to you directly or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To make that choice, please complete and mail this Former Participant Claim Form postmarked no later than **October 12, 2019** to the Settlement Administrator. If you do not make a payment election, your payment will be sent payable to you directly.

PART 2: PARTICIPANT INFORMATION

First Name	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone or Cell Phone
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Participant's Social Security Number	Participant's Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	M M D D Y Y Y Y

Email Address

Check here if you were a Former Participant, but did not receive this Claim Form in the mail. This may be because you were a participant in the Plan only for a brief period.

PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

Check here if you are the **surviving spouse or other beneficiary** for the Former Participant and the Former Participant 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), or attorney-in-fact** for the Former Participant. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Social Security Number or Tax ID Number	Your Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	M M D D Y Y Y Y

Your Mailing Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

