

Former Participant Rollover Form

If you were a Participant in a defined contribution 401(k) retirement plan known as the **DST Systems, Inc. 401(k) Profit Sharing Plan** (the “Plan”) at any time from March 14, 2010 through July 31, 2016 (the “Class Period”), or you are a Beneficiary or Alternate Payee (in the case of a person subject to a Qualified Domestic Relations Order (“QDRO”)) who does not have an active account in the Plan, and you would like to receive your Settlement Payment from the *Ferguson, et al. v. Ruane, Cunniff & Goldfarb Inc., et al.* Settlement through a rollover to a qualified retirement account, you must complete the form below and mail it to DST Settlement Administrator, c/o Strategic Claims Services, 600 N Jackson Street, Suite 205, Media, PA 19063 postmarked **NO LATER THAN OCTOBER 12, 2023**. The option to submit this form applies to any Class Member who maintained a positive balance in the Plan at any time during the Class Period, but who does not have an account with a positive balance as of August 3, 2023.

Deceased Class Members

Deceased Class Members are not eligible for rollover treatment. A Beneficiary of a deceased person who was a participant in the Plan at any time during the Class Period, including executors, heirs, assigns, estates, personal representatives or successors-in-interest, must provide the following information with this Claim Form to DST Settlement Administrator, c/o Strategic Claims Services, 600 North Jackson Street, Suite 205, Media, PA 19063:

- Death certificate and evidence that such person is authorized to receive distribution of the deceased Class Member’s Settlement Payment, and the name and, if applicable, the percentage entitlement of each person entitled to receive distribution;
- Social Security Number of each person entitled to receive payment;
- Current mailing address of each person entitled to receive payment; and
- Person(s) to whom check(s) should be made payable, and amount(s) of check(s).

Participant Information

Name		
Address		
Address 2		
City	State	Zip
Participant’s Social Security Number	Phone (Preferred)	Phone (Alternate)
Participant’s Date of Birth		
Email Address		

Beneficiary or Alternate Payee Information (IF APPLICABLE)

Your Name		
Address		
Address 2		
City	State	Zip
Your Social Security Number	Phone (Preferred)	Phone (Alternate)
Your Date of Birth		
Email Address		

I WANT A CHECK MADE PAYABLE TO MY RETIREMENT ACCOUNT AS A ROLLOVER DISTRIBUTION. PLEASE MAKE THE CHECK PAYABLE TO:

Account Name	
Account Number	
Contact or Trustee (if required)	
Address Line 1	
Address Line 2	
City, State, Zip	

NOTE: There is no promise or assurance that these funds are eligible for rollover or tax-preferred treatment. The decision to seek rollover treatment is yours alone. Any questions about taxation or rollover treatment must be directed to your tax advisor or accountant. No one associated with this case can provide you with assistance or advice of any kind in this regard or answer any tax questions.

Required Certification Regarding Qualified Domestic Relations Order (“QDRO”): I hereby certify and represent under penalty of perjury that no portion of the payment to be received hereunder is subject to a QDRO, or that a true and accurate and current copy of any applicable QDRO is attached hereto along with the name and address of any payee other than a Class Member. Payment will be made in accordance with any QDRO supplied.

Signature (Required): _____ **Date:** _____