Former Participant Claim Form

If you were a participant in a defined contribution 401(k) retirement plan known as the Advantage 401(k) Savings Plan (the "Plan") on or after March 4, 2018 through October 3, 2025 (the "Class Period"), but you do not have an Active Account with the Plan, or are a Beneficiary or Alternate Payee (in the case of a Person subject to a Qualified Domestic Relations Order) of a Former Participant, and would like to receive a payment from the *Valenzuela v. Advantage Sales & Marketing LLC* ERISA Settlement, you must complete the form below and mail it to Advantage 401k Settlement Administrator, c/o Strategic Claims Services, 600 N Jackson Street, Suite 205, Media, PA 19063 to be received NO LATER THAN FEBRUARY 2, 2026.

"Active Account" means an individual investment account in the Plan with a balance greater than $0. "Former Participant" means a Person who had an Active Account with a positive balance in the Plan during the Class Period but who did not have an account with the Plan with a balance greater than $0 as of October 3, 2025. "Beneficiary" or "Alternate Payee" means, for the purposes of this Former Participant Claim Form, a Beneficiary or Alternate Payee of a participant in the Plan who maintained a positive account balance in the Plan during the Class Period, but did not have an Active Account in the Plan as of October 3, 2025.

Additional information regarding the Settlement is available at strategicclaims.net/Advantage401k.

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 (ONLY PROVIDE IF THIS PERSON SHOULD RECEIVE PAYMENT INSTEAD OF THE PARTICIPANT)

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

Payment Election (choose only one)

☐ I WANT A CHECK MADE PAYABLE TO ME AND MAILED TO ME. Choosing this option entails the Settlement Administrator withholding 20% or more of your total payment for tax withholdings. The Settlement Administrator will mail your check to the name and address listed above.

OR

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

Rollover Plan Name	
Rollover Account Name	
Rollover 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, accurate, and current copy of any applicable QDRO is attached hereto, along with the name and address of any payee other than the Class Member. Payment will be made in accordance with any QDRO supplied.

Signature (Required):___________________________________ Date:__________________________

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 Former Participant Claim Form to Advantage 401k Settlement Administrator, c/o Strategic Claims Services, 600 N 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 of distribution each person is entitled to receive;
- 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).

Reminder – Timing of Distributions

As indicated in the Notice, if the Court grants final approval of the Settlement, which provides relief in exchange for a release of claims in connection with the Recordkeeping Claim advanced in this litigation, the Net Settlement Amount will be placed in an escrow account pending resolution of the Investment Claim, and distribution of the Net Settlement Amount will occur *after* a resolution of the Investment Claim, which Plaintiff intends to appeal on behalf of the Plan. This timing will reduce the Administrative Expenses associated with distribution of the Net Settlement Amount and any further amount recovered in connection with the Investment Claim, ensuring the greatest amount possible is available for distribution to members of the Settlement Class.