**RMIC Profit Sharing 401(k) Plan Litigation**
**c/o Atticus Administration**
**PO Box 64053**
**Saint Paul, MN 55164**
**www.RMICPlanClassAction.com**

# FORMER PARTICIPANT ROLLOVER FORM

This Former Participant Rollover Form is only for Class Members who are Former Participants in the RMIC Profit Sharing Plan and do not have a balance greater than $0.00 in the ORI 401(k) Savings and Profit-Sharing Plan ("ORI 401(k) Plan") as of December 5, 2025 (or the beneficiaries or alternate payees of such Former Participants).

Former Participants who would like to elect to receive their Settlement payment through a rollover to a qualified retirement account can timely submit this Form to the Settlement Administrator before the date below or can elect a rollover after the date of allocation of the Settlement proceeds to an account in the 401(k) Plan by calling Fidelity at 800-835-5091 or logging into Fidelity's Net benefits website, as described further in the Amended Class Notice. Since the Settlement payment may be considered an eligible rollover distribution, please carefully review the Special Tax Notice for information about potential tax liability and tax withholding.

To use this Form to request a rollover, Former Participants must complete, sign, and mail this Form with a postmark on or before October 16, 2026. Please review the instructions below, carefully. If you have questions regarding this Form, you may contact the Settlement Administrator as indicated below:

www.RMICPlanClassAction.com OR CALL 800-272-5630

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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 an employer-sponsored qualified retirement 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 16, 2026, to the Settlement Administrator at the following address:**

**RMIC Profit Sharing 401(k) Plan Litigation**
**c/o Atticus Administration**
**PO Box 64053**
**Saint Paul, MN 55164**

**You also may email a completed, signed copy to RMICPlanClassAction@AtticusAdmin.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, if you are an alternate payee or beneficiary of a Former Participant, a completed Substitute IRS Form W-9 (attached as part 5 to this form).

- If you desire to do a direct rollover and you fail to timely submit this Form or complete all of the rollover information in Part 4, below, your Settlement payment will be deposited in an account in your name, in the ORI 401(k) Plan, unless the amount you are owed is $1,000.00 or less in which case you will receive a check (subject to all required tax withholdings).

- 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 800-272-5630. 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.RMICPlanClassAction.com.

## PART 2: SETTLEMENT CLASS MEMBER INFORMATION

First Name | Middle | Last Name

Mailing Address

City | State | Zip Code

Home Phone

Work Phone or Cell Phone

Participant's Social Security Number

Participant's Date of Birth

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Email Address

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

## 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.

First Name | Middle | Last Name

Mailing Address

City | State | Zip Code

Home Phone

Work Phone or Cell Phone

Participant's Social Security Number

Participant's Date of Birth

M M D D Y Y Y Y

Email Address

**[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)

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City | State | Zip Code

Your Account Number | Company or Trustee's Phone Number

## PART 5: SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9 (IF REQUIRED)

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS ROLLOVER FORM.

M M – D D – Y Y Y Y

**Class Member Signature** **Date Signed *(Required)***

***ALTERNATE PAYEE/BENEFICIARY MUST ALSO SIGN SUBSTITUTE IRS FORM W-9 BELOW***

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

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** **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.