

Walgreens ERISA Settlement
P.O. Box 2009
Chanhassen, MN 55317-2009
www.WalgreensERISA.com

FORMER PARTICIPANT ROLLOVER FORM

This Former Participant Rollover Form is **ONLY** for Class Members who are **Former Participants**, or the Beneficiaries or Alternate Payees of Former Participants of the Walgreen Profit-Sharing Retirement Savings Plan (the "Plan"). A Former Participant is a Class Member who participated in the Plan between January 1, 2014 and the present and did not have a balance in the Plan greater than \$0 as of June 30, 2021.

Former Participants who would like to elect to receive their settlement payment through a rollover to a qualified retirement account must complete, sign, and mail this form with a postmark on or before February 6, 2022. Please review the instructions below carefully. **Former Participants who do not complete and timely return this form will receive their settlement payment by a check.** If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

Walgreens ERISA Settlement
P.O. Box 2009
Chanhassen, MN 55317-2009
1-833-608-2386
www.WalgreensERISA.com

PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT ROLLOVER FORM

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, complete this rollover form. You should also keep a copy of all pages of your Former Participant Rollover Form, including the first page with the address label, for your records.
2. **Mail your completed Former Participant Rollover Form postmarked on or before February 6, 2022 to the Settlement Administrator at the following address:**

Walgreens ERISA Settlement
P.O. Box 2009
Chanhassen, MN 55317-2009

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Rollover 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 fail to complete all of the rollover information in Part 4, below, payment will be made to you by check.

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- If you change your address after sending in your Former Participant 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 any appeals 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 six months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Former Participant Rollover Form, please call the Settlement Administrator at 1-833-608-2386. 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. Information about the status of the approval of the Settlement and the Settlement administration is available on the settlement website, www.WalgreensERISA.com.

PART 2: PARTICIPANT INFORMATION

| | | |
|--|--|----------------------|
| First Name | M.I. | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address | | |
| <input type="text"/> | | |
| 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"/> | |
| Email Address | M M D D Y Y Y Y | |
| <input type="text"/> | | |

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

- Check here if you are the **surviving spouse or other beneficiary** for the Former Participant Class Member and the Former Participant 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 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"/> | |
| Your Mailing Address | M M D D Y Y Y Y | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

[FORMER PARTICIPANT 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 Your Account Number

Grid for Phone Number Area 1

Grid for Phone Number Area 2

Grid for Phone Number Area 3

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 FORMER PARTICIPANT ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT 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 backup 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).

M M D D Y Y Y Y

[] [] - [] [] - [] [] [] []

Former Participant Signature (Required)

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.WALGREENSERISA.COM, OR CALL 1-833-608-2386