

The Costco 401(k) Plan Settlement Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007
www.CostcoERISASettlement.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 participant, Beneficiary, or Alternate Payee of the Costco 401(k) Retirement Plan who does not have a Plan account as of March 17, 2022, and had a Plan account on or after the last business day of a month on and after May 30, 2014, provided that such Plan account attained a balance in excess of \$1000 for at least 12 months beginning on and after May 30, 2014 (such balance and such months to be calculated as of the last business day of a month).

This form must be completed, signed and mailed with a postmark date no later than **July 1, 2022** to the Settlement Administrator in order for you to receive your share of the Former Participant Pool. **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. Mail your completed Former Participant Claim Form postmarked no later than **July 1, 2022** to the Settlement Administrator at the following address:

The Costco 401(k) Plan 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 change your address after sending in your Former Participant Claim Form, please send your new address to the Settlement Administrator.
 - **Timing of Payments.** 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 the second half of 2022 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 844-473-0587. 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, Settlement administration, and claim processing is available on the lawsuit website, www.CostcoERISASettlement.com.

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Soulek v. Costco Wholesale Corporation, et al.*, Case No. 1:20-cv-00937 (E.D. Wis.). For more information about the Settlement, please see www.CostcoERISASettlement.com, or call 844-473-0587.

Please complete and mail this Former Participant Claim Form that is postmarked no later than July 1, 2022 to the Settlement Administrator.

PART 2: PARTICIPANT 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

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

Your Social Security Number or Tax ID Number - -

Your Date of Birth - -

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Your Mailing Address

City State Zip Code

PART 4: PAYMENT ELECTION

- Payment to Self** – A check subject to mandatory federal and applicable state withholding tax will be mailed to your address on the previous page.

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

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Participant Signature

Date Signed (Required)

Note: If you have been notified by the IRS that 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.COSTCOERISASETTLEMENT.COM, OR CALL 844-473-0587