Cornell University Retirement Plans
SETTLEMENT ADMINISTRATOR
P.O. Box 2003
Chanhassen, MN 55317-2003
www.Cornell403bPlanSettlement.com

FORMER PARTICIPANT CLAIM FORM

ABC1234567890
JOHN Q CLASSMEMBER
123 MAIN ST
APT 1
ANYTOWN, ST 12345

Claim Number: 1111111

PIN: 12345

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 Class Member who invested in the TIAA-CREF Lifecycle funds between August 17, 2010, and April 17, 2012, but did not have a plan account with a balance greater than $0 as of September 1, 2020.

This form must be completed, signed and submitted on-line at www.Cornell403bPlanSettlement.com on or before **November 23, 2020** or mailed with a postmark date no later than **November 23, 2020** to the Settlement Administrator in order for you to receive your share of the Settlement proceeds. **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.

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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. Submit on-line at www.Cornell403bPlanSettlement.com on or before **November 23, 2020** or Mail your completed Former Participant Claim Form postmarked no later than **November 23, 2020** to the Settlement Administrator at the following address:

   Cornell University Retirement Plans
   SETTLEMENT ADMINISTRATOR
   P.O. Box 2003
   Chanhassen, MN 55317-2003

   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 desire to do a rollover and you do not complete in full the rollover information in Part 4 Payment Election of the Settlement Distribution Form, payment will be made to the participant.
   - 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 to Eligible Settlement Class Members.** 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 first half of 2021 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 1-844-791-1288. The Settlement Administrator will provide instruction 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.Cornell403bPlanSettlement.com.

You may be eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Cunningham, et al., v. Cornell University, et al.*, Case No. 16-cv-6525 (S.D.N.Y.). That settlement provides allocation of monies to the individual accounts of Settlement Class Members who invested in the TIAA-CREF Lifecycle funds between August 17, 2010 and April 17, 2012. Settlement Class Members who are entitled to a distribution but who did not have a plan account with a positive balance as of September 1, 2020 ("Former Participants") will receive their allocation in the form of a check or rollover if and only if they mail a valid Former Participant Claim Form submitted on-line no later than **November 23, 2020** or postmarked no later than **November 23, 2020** to the Settlement Administrator. For more information about the Settlement, please see www.Cornell403bPlanSettlement.com, or call 1-844-791-1288.

If you are a Former Participant (or beneficiary of a Former Participant) in the Plans, you must decide whether you want your payment (1) sent payable to you directly or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To make that choice, please complete this Former Participant Claim Form and submit on-line at www.Cornell403bPlanSettlement.com no later than **November 23, 2020** or mail this Former Participant Claim Form that is postmarked no later than **November 23, 2020** to the Settlement Administrator. If you do not indicate a payment election, your payment will be sent payable to you directly.

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

M M D D Y Y Y Y

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

M M D D Y Y Y Y

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.

☐ **Direct Rollover to an Eligible Plan** – Check only one box below and complete 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

Account Number Company or Trustee's Phone Number

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).

M M D D Y Y Y Y

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.CORNELL403BPLANSETTLEMENT.COM, OR CALL 1-844-791-1288