

**ROLLOVER FORM**

In order to receive your share of the Settlement by direct rollover to a qualified individual retirement account, Class Members must complete, sign, and mail this form with a postmark on or before **May 27, 2025**. Please review the instructions below carefully. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

www.PrideMobilityESOPclassaction.com or call 833-425-8430

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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 qualified employer 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 May 27, 2025 to the Settlement Administrator at the following address:**

**Pride Mobility ESOP Class Action  
P.O. Box 2004  
Chanhassen, MN 55317-2005**

**You also may email a completed, signed copy to [PrideESOP@noticeadministrator.com](mailto:PrideESOP@noticeadministrator.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 a completed Substitute IRS Form W-9, which is attached as part 5 to this form.
  - If you desire to do a direct rollover and you fail to complete all of the rollover information in Part 4, below, payment will be made to you by check.
  - 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 833-425-8430. 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.PrideMobilityESOPclassaction.com](http://www.PrideMobilityESOPclassaction.com).

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

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Tufano, et al. v. Pride Mobility, et al.*, Case No. 3:24-cv-00765-KM (M.D. Pa.). That Settlement provides allocation of monies to all Participants of the Pride Mobility Employee Stock Ownership Retirement Plan between May 7, 2018 and February 4, 2025, and their Beneficiaries and Alternate Payees of record, excluding the trustee and directors of Pride Mobility Products Corporation, and excluding participants who left the Plan before vesting in any part. Settlement Class Members will receive their allocations in the form of a check or in the form of a rollover if and only if they mail a valid Rollover Form postmarked on or before **May 27, 2025** to the Settlement Administrator with the required information to effectuate the rollover. For more information about the Settlement, Please see the Notice Of Class Action Settlement And Fairness Hearing, visit [www.PrideMobilityESOPclassaction.com](http://www.PrideMobilityESOPclassaction.com) or call 833-425-8430.

Because you are a Settlement Class Member in the Plan, you must decide whether you want your payment (1) sent payable to you directly by check or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To elect a rollover, please complete and mail this Rollover Form postmarked on or before **May 27, 2025** to the Settlement Administrator. If you do not return this form, your payment will be sent to you directly by check.

## PART 2: SETTLEMENT CLASS MEMBER 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"/>	
Class Member's Social Security Number	Class Member'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 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.

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"/>

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