

**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 Class Member who did not have an account in the Plan (as defined below) with a balance greater than \$0 as of December 31, 2025. This form must be completed, signed, and mailed to the Settlement Administrator with a postmark date on or before **August 22, 2026**, or electronically filed online at **www.LibertyMutual401KSettlement.com** no later than **August 22, 2026**, 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. Mail your completed Former Participant Claim Form, postmarked no later than August 22, 2026, to the Settlement Administrator at the following address:

**Liberty Mutual ERISA Settlement  
P.O. Box 2010  
Chanhassen, MN 55317-2010**

Claim Forms may also be completed and submitted to the Settlement Administrator electronically online at **www.LibertyMutual401ksettlement.com**. Electronic Claim Forms must be submitted no later than **August 22, 2026**.

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 but do not complete in full the rollover information in Part 4 of the Settlement Distribution Form, payment will be made to you directly.
  - 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 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 **March 1, 2027** due to the need to process and verify information for all 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 **866-550-8022**.
5. The Settlement Administrator will provide instructions regarding completing this form only 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.LibertyMutual401ksettlement.com**.

You are eligible to receive payment from a class action settlement. The Court has preliminarily approved the class settlement of *Ahmed et al. v. Liberty Mutual Group, Inc. et al.*, No. 3:20-cv-30056-MGM (D. Mass.). That settlement provides allocation of monies to the individual accounts of Class Members who had plan accounts with a positive balance in the Liberty Mutual 401(k) Plan (the Plan) as of December 31, 2025 ("Current Participants"). Class Members who are entitled to a distribution but who did not have a plan account with a positive balance in the Plans as of December 31, 2025, ("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 to the Settlement Administrator at the address atop this form postmarked no later than **August 22, 2026** or electronically file online at **www.LibertyMutual401ksettlement.com** no later than **August 22, 2026**. For more information about the Settlement, please see **www.LibertyMutual401ksettlement.com**, or call **866-550-8022**.

Because you are a Former Participant (or beneficiary of a Former Participant) in the Plan, 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, you must complete and mail this Former Participant Claim Form to the Settlement Administrator at the address atop this form postmarked no later than **August 22, 2026**. Claim Forms may also be completed and submitted to the Settlement Administrator electronically online at **www.LibertyMutual401ksettlement.com**. Electronic Claim Forms must be submitted no later than **August 22, 2026**. 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
<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"/>		

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 the 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
<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"/>

