

Konica Minolta 401(k) Settlement
P.O. Box 2007
Chanhassen, MN 55317-2007
www.KonicaMinolta401ksettlement.com

FORMER PARTICIPANT CLAIM FORM

If you were a participant in a defined contribution 401(k) retirement plan known as the Konica Minolta 401(k) Plan (the "Plan") on or after June 4, 2014 through December 23, 2024 (the "Class Period"), but you do not have an Active Account with the Plan, or are a Beneficiary or Alternate Payee (in the case of a person subject to a Qualified Domestic Relations Order) of a Former Participant, and would like to receive a payment from the In re Konica Minolta ERISA Litigation Settlement, you must complete the form below and mail it to **Konica Minolta 401(k) Settlement Administrator, c/o Konica Minolta 401(k) Settlement, P.O. Box 2007, Chanhassen, MN 55317-2007**, to be received NO LATER THAN **June 4, 2025**.

"Active Account" means an individual investment account in the Plan with a balance greater than \$0. "Former Participant" means a person who had an Active Account with a positive balance in the Plan during the Class Period but who did not have an account with the Plan with a balance greater than \$0 as of **December 23, 2024**. "Beneficiary" or "Alternate Payee" means, for the purposes of this Former Participant Claim Form, a Beneficiary or Alternate Payee of a participant in the Plan who maintained a positive account balance in the Plan during the Class Period, but did not have an active account in the Plan as of December 24, 2024.

PARTICIPANT INFORMATION

First Name

Middle Last Name

Mailing Address

City

State

Zip Code

Phone (Preferred)

Phone (Alternate)

Email Address

Participant's Social Security Number

Participant's Date of Birth

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BENEFICIARY OR ALTERNATE PAYEE INFORMATION (ONLY PROVIDE IF THIS PERSON SHOULD RECEIVE PAYMENT INSTEAD OF THE PARTICIPANT)

Your First Name	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (Preferred)	Phone (Alternate)	
<input type="text"/>	<input type="text"/>	
Your Email Address		
<input type="text"/>		
Your Social Security Number	Your Date of Birth	
<input type="text"/>	<input type="text"/>	
	M M	D D Y Y Y Y

SIGNATURE

Required Certification Regarding Qualified Domestic Relations Order ("QDRO"): I hereby certify and represent under penalty of perjury that no portion of the payment to be received hereunder is subject to a QDRO, or, that a true, accurate, and current copy of any applicable QDRO is attached hereto along with the name and address of any payee other than the Class Member. Payment will be made in accordance with any QDRO supplied.

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<input type="text"/>	<input type="text"/>	<input type="text"/>					
Signature (Required)	Date Signed (Required)						

Deceased Class Members

A Beneficiary of a deceased person who was a participant in the Plan at any time during the Class Period, including executors, heirs, assigns, estates, personal representatives, or successors-in-interest, must provide the following information with this Former Participant Claim Form to Konica Minolta 401(k) Settlement Administrator, P.O. Box 2007, Chanhassen, MN 55317-2007:

- Evidence that such person is authorized to receive distribution of the deceased Class Member's settlement payment and the name and, if applicable, the percentage of distribution each person is entitled to receive;
- Social Security Number of each person entitled to receive payment;
- Current mailing address of each person entitled to receive payment; and
- Person(s) to whom check(s) should be made payable, and amount(s) of check(s).