

Philips North America 401(k) Settlement Administrator
P.O. Box 2004
Chanhassen, MN 55317-2004
philipsnorthamerica401ksettlement.com

FORMER PARTICIPANT CLAIM FORM

ABC1234567890

Claim Number: 1111111



JOHN Q CLASSMEMBER
123 MAIN ST
APT 1
ANYTOWN, ST 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 no longer had an Active Account as of May 11, 2018.

This form must be completed, signed and mailed with a postmark date no later than **October 7, 2018** 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.

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 that is postmarked no later than **October 7, 2018** to the Settlement Administrator at following address:

**Philips North America 401(k) Settlement Administrator
P.O. Box 2004
Chanhassen MN, 55317-2004**

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 you.
 - 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 the first quarter of 2019 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 1-888-245-2748. 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, the Settlement administration and claim processing is available on the lawsuit website, philipsnorthamerica401ksettlement.com.

You are eligible to receive a payment from a class action settlement. The court has preliminarily approved the class settlement of *Ramsey, et al. v. Philips North America LLC*, Case No. 3:18-cv-01099-NJR-RJD. That settlement provides allocation of monies to the individual accounts of Settlement Class Members who had plan accounts with a positive balance ("Active Account") in the Philips North America 401(k) Plan f/k/A Philips Electronics North America Employee Savings Plan ("Plan") as of May 11, 2018 ("Current Participants"). Settlement Class Members who are entitled to a distribution but who no longer had Active Accounts as of May 11, 2018 ("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 that is postmarked no later than **October 7, 2018** to the Settlement Administrator. For more information about the settlement, please see philipnorthamerica401ksettlement.com or call 1-888-245-2748.

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, please complete and mail this Former Participant Claim Form that is postmarked no later than **October 7, 2018** 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 |
| <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"/> | |
| Participant's Social Security Number | Participant's Date of Birth | |
| <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 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"/> | |
| 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"/> |

