

Fidelity Plan Settlement Administrator  
P.O. Box 2010  
Chanhassen, MN 55317-2010  
Email: [info@fidelityplansettlement.com](mailto:info@fidelityplansettlement.com)  
[www.FidelityPlanSettlement.com](http://www.FidelityPlanSettlement.com)

**FORMER PARTICIPANT CLASS MEMBER CLAIM FORM**

The Court has preliminarily approved the class settlement in *Moitoso, et al. v. FMR LLC, et al.*, Civil Action No. 1:18-cv-12122-WGY (D. Mass.). That Settlement provides allocation of monies to certain Class Members who participated in the Fidelity Retirement Savings Plan ("Plan") at any time between November 17, 2014 and July 9, 2020. **As a Former Participant Class Member, you must timely complete and return this form to the Settlement Administrator to receive your share of the settlement proceeds.** For more information about the Settlement, please see the Notice Of Class Action Settlement And Fairness Hearing, visit [www.FidelityPlanSettlement.com](http://www.FidelityPlanSettlement.com), or call 1-844-954-1984.

This Former Participant Class Member Claim Form is ONLY for Class Members who are Former Participant Class Members, or the Beneficiaries or Alternate Payees of Former Participant Class Members (all of whom will be treated as Former Participant Class Members). A Former Participant Class Member is a Class Member who had a Plan account with a balance greater than \$0.00 at any point during the Class Period but did NOT have a Plan account with a balance greater than \$0.00 as of July 9, 2020.

**This claim form must be completed, signed and mailed with a postmark on or before January 2, 2021 in order for you receive your share of the Settlement proceeds. Former Participant Class Members who do not complete and timely return this form will not receive any Settlement payment, but will have released Plaintiffs' Released Claims.** Your completed claim form should be sent to the Settlement Administrator at the following address:

Fidelity Plan Settlement Administrator  
P.O. Box 2010  
Chanhassen, MN 55317-2010

Because you are a former participant 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 employer plan or into an individual retirement account ("IRA"). To make your election, please follow the instructions below. If you timely complete and submit this Former Participant Class Member Claim Form but do not indicate a payment election, your payment will be sent to you directly by check.

Please review the instructions below carefully. If you have questions regarding this Former Participant Class Member Claim Form, you may contact the Settlement Administrator as indicated below.

[WWW.FIDELITYPLANSETTLEMENT.COM](http://WWW.FIDELITYPLANSETTLEMENT.COM) OR CALL 1-844-954-1984

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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 Class Member Claim Form, including the first page with the address label, for your records.
2. **Mail your completed Former Participant Class Member Claim Form postmarked on or before January 2, 2021 to the Settlement Administrator at the following address: Fidelity Plan Settlement Administrator, P.O. Box 2010, Chanhassen, MN 55317-2010.**

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Class Member Claim Form.

3. Other Instructions:
  - You must provide date of birth, signature, and a completed Substitute IRS Form W-9, which is attached as part 5 to this form.

**[FORMER PARTICIPANT CLASS MEMBER CLAIM FORM CONTINUES ON THE NEXT PAGE]**

- If you timely complete and return this form but fail to make a payment election in Part 4, below, payment will be made to you by check.
  - If you change your address after sending in your Former Participant Class Member Claim 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 any appeals 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 three months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Former Participant Class Member Claim Form, please call the Settlement Administrator at 1-844-954-1984. 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 and the Settlement administration is available on the settlement website, [www.FidelityPlanSettlement.com](http://www.FidelityPlanSettlement.com).

## 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"/>		

## PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

- Check here if you are the **surviving spouse or other beneficiary** for the Former Participant Class Member and the Former Participant 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	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"/>

**[FORMER PARTICIPANT CLASS MEMBER CLAIM FORM CONTINUES ON THE NEXT PAGE]**

**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*)

[Grid for Company or Trustee's Name]

Company or Trustee's Mailing Address 1

[Grid for Company or Trustee's Mailing Address 1]

Company or Trustee's Mailing Address 2

[Grid for Company or Trustee's Mailing Address 2]

Company or Trustee's City

State

Zip Code

[Grid for Company or Trustee's City]

[Grid for State]

[Grid for Zip Code]

Your Account Number

Company or Trustee's Phone Number

[Grid for Your Account Number]

[Grid for Phone Number Area 1]

[Grid for Phone Number Area 2]

[Grid for Phone Number Area 3]

**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 CLASS MEMBER CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT CLASS MEMBER 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 back up 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  
 [Grid] - [Grid] - [Grid]

Participant Signature

Date Signed (*Required*)

Note: If 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.FIDELITYPLANSETTLEMENT.COM](http://WWW.FIDELITYPLANSETTLEMENT.COM), OR CALL 1-844-954-1984**