ROLLOVER ELECTION FORM

Haynes et al. v. James et al.
Case No. 5:26-cv-00664-HNJ (N.D. Ala.)

I. CONTACT INFORMATION	
First Name	
Last Name	
Street Address	
City	
State	
Zip code	
Email address	
II. ACCOUNT INFORMATION	
Account Type	
Account Name	
Account Number	
ACH Routing	
Bank Name	
III. CERTIFICATION	
By creating a signature below using a mouse or other means, you declare under penalty of perjury under the laws of the United States of America that you are the person listed above and that your electronic signature is the legal equivalent of your manual/handwritten signature for this document and you agree to receive your Settlement distribution as a payment into the qualified retirement account listed above.	
Signature	
IV. SUBMITTING THE FORM	
Complete and return this Rollover Election Form to the Settlement Administrator on or before October 28, 2026. You can submit the form by mail to RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479 or by email to info@rg2claims.com.	