

**Vi-Jon Employee Stock Ownership Plan
(n/k/a Emprise Group, Inc. Employee Stock Ownership Plan)
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164
800-291-5085
www.ViJonESOPSettlement.com
NON-ACTIVE ESOP PARTICIPANT ROLLOVER FORM**

This Non-Active ESOP Participant Rollover Form is **ONLY** for Settlement Class Members who are **Non-Active ESOP Participants**, or the Beneficiaries or Alternate Payees of Non-Active ESOP Participants, of the Vi-Jon Employee Stock Ownership Plan, now known as the Emprise Group, Inc. Employee Stock Ownership Plan (the “Plan”). A Non-Active ESOP Participant is a Class Member who had a vested Plan balance at any time since the Plan’s inception and on or prior to October 29, 2024, but who no longer had an Active Plan Account at the time of the Court’s order preliminarily approving the Settlement.

Non-Active ESOP Participants who would like to elect to receive their settlement payment through a rollover to a qualified retirement account must complete, sign, and mail this form with a postmark on or before July 22, 2025. Please review the instructions below carefully. **Non-Active ESOP Participants who do not complete and timely return this form will receive their settlement payment via check.** If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

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PART 1: INSTRUCTIONS FOR COMPLETING NON-ACTIVE ESOP PARTICIPANT ROLLOVER FORM

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, complete this Rollover Form. You should also keep a copy of all pages of your Non-Active ESOP Participant Rollover Form, including the first page with the address label, for your records.
2. **Mail your completed Non-Active ESOP Participant Rollover Form postmarked on or before July 22, 2025 to the Settlement Administrator at the following address:**

**Vi-Jon (n/k/a Emprise Group, Inc.) Employee Stock Ownership Plan
c/o Atticus Administration
PO Box 64053
Saint Paul, MN, 55164**

It is your responsibility to ensure the Settlement Administrator has timely received your Non-Active ESOP Participant Rollover 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 fail to complete all of the rollover information in Part 4, below, payment will be made to you by check.
 - If you change your address after sending in your Non-Active ESOP Participant Rollover 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 six months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Non-Active ESOP Participant Rollover Form, please call the Settlement Administrator at 800-291-5085. 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.ViJonESOPSettlement.com.

PART 2: PARTICIPANT INFORMATION

First Name	Middle	Last Name
<div></div>	<div></div>	<div></div>
Mailing Address		
<div></div>		
City	State	Zip Code
<div></div>	<div></div>	<div></div>
Home Phone	Work Phone or Cell Phone	
<div></div>	<div></div>	
Participant's Social Security Number	Participant's Date of Birth	
<div></div>	<div></div>	
Email Address	M M	D D Y Y Y Y
<div></div>		

[NON-ACTIVE ESOP PARTICIPANT ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

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

☐ Check here if you are the **surviving spouse or other beneficiary** for the Non-Active ESOP Participant Class Member and the Non-Active ESOP 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.

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"/>		

[NON-ACTIVE ESOP PARTICIPANT ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

Direct Rollover to an Eligible Plan – Check only one box below and complete the Rollover Information Section below:

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