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:

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

Telephone: 800-291-5085 www.ViJonESOPSettlement.com

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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.

- 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
Mailing Address	
City	State Zip Code
Home Phone	Work Phone or Cell Phone
Participant's Social Security Number	Participant's Date of Birth
Email Address	MM DD YYYY

[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 Mailing Address City State Zip Code Home Phone Work Phone or Cell Phone Participant's Social Security Number Participant's Date of Birth **Email Address** M M D D YYYY

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

PART 4: PAYMENT ELECTION
Direct Rollover to an Eligible Plan – Check only one box below and complete the 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)
Company or Trustee's Mailing Address 1
Company or Trustee's Mailing Address 2
Company or Trustee's City State Zip Code
Your Account Number Company or Trustee's Phone Number
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 NON-ACTIVE ESOP PARTICIPANT ROLLOVER 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 backup 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
Non-Active ESOP 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.

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