

**Exhibit D**

## **FORMER PARTICIPANT ROLLOVER FORM**

This Former Participant Rollover Form is only for Class Members who are **Former Participants**<sup>1</sup> and who invested in the Challenged Funds and have a recovery that is \$5.00 or more, which is the de minimis threshold for settlement recovery. See the Plan of Allocation for greater details on how settlement recoveries are determined.

Former Participants who are entitled to a Final Individual Dollar Recovery and would like to elect to receive it through a rollover into a qualified retirement account must electronically complete this form online no later than \_\_\_\_ [20 days prior to the Fairness Hearing]. Please review the instructions below carefully. If you have questions regarding this Form, you may contact the Settlement Administrator as indicated below.

If you are a Former Participant (who invested in the Challenged Funds) and prefer to receive your Final Individual Dollar Recovery by check, you can do **nothing**; you do not need to complete this form online and you will receive a check via U.S. Mail for the amount of your Final Individual Dollar Recovery less any applicable 1099 taxes.

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### **PART 1: INSTRUCTIONS FOR FORMER PARTICIPANT ROLLOVER FORM**

1. Because you are a Former Participant, you must decide whether you want your Final Individual Dollar Recovery (1) sent to you directly by check with applicable 1099 taxes withheld or (2) rolled over into another eligible retirement plan or into an individual retirement account (“IRA”) in which case no taxes will be withheld from the amount rolled over into the designated retirement account.
2. If you want your Final Individual Dollar Recovery rolled over a qualified retirement account, you **must** complete this form online no later than \_\_\_\_ [20 days prior to the Fairness Hearing]. If you do not complete a Former Participant Rollover Form online, your payment will be sent to you directly in the form of a check.
3. You do **not** need to complete this form if you are a Former Participant and would like your Final Individual Dollar Recovery sent to you directly via check, less applicable 1099 taxes.
4. Other Reminders:
  - You must provide date of birth and your electronic signature.
  - If you change your address after sending in your Former Participant Rollover Form, please send your new address to the Settlement Administrator.
  - Please note that payments to Class Members of their Final Individual Dollar Recoveries are subject to Court’s approval of the Settlement Agreement. If the Settlement Agreement is approved, payments will be distributed no earlier than the end of 2022 due to the need to verify all Settlement Class Members information and compute the amount of each Final Individual Dollar Recovery. Payments may be further delayed if any appeals are filed.

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<sup>1</sup> A Former Participant is a participant of the Wells Fargo & Company 401(k) Plan who does not have a Plan account with a balance greater than \$0 as of time the Court enters the Final Approval Order. All other capitalized terms have the meaning assigned to them in the Settlement Agreement unless otherwise specified.

5. **Questions?** If you have any questions about this Former Participant Rollover Form, please call the Settlement Administrator at 844-485-2675. The Settlement Administrator will only provide information 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 about any tax implications of different forms of payment. Information about the status of the approval of the Settlement and Settlement administration is available on the lawsuit website, [www.wellsfargoerisasettlement.com](http://www.wellsfargoerisasettlement.com).

**PART 2: PARTICIPANT INFORMATION**  
**[to be entered through online form]**

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

**PART 3: PAYMENT ELECTION**

- 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)

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City  State  Zip Code

Account Number  Company or Trustee's Phone Number

**PART 4: ELECTRONIC SIGNATURE AND CONSENT**

Please read the following statement and electronically sign the form below. Sign in the box by drawing your signature with a mouse, finger, or trackpad.

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 ROLLOVER FORM IS TRUE, CORRECT AND COMPLETE AND THAT I SIGNED THIS FORMER 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] / [am] subject to backup withholding (see Note below); and
3. I am a U.S. Person (including a U.S. resident alien).  
 I agree to the site's Terms of Use (<https://www.analyticsllc.com/onlineclaimsterms/>) and consent to the use of electronic signatures and records.

\_\_\_\_\_  
/s/ [Electronic signature]

Note: You are not subject to backup withholding if (a) you are exempt from backup withholding, or (b) have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding. If you have been notified by the IRS that you are subject to backup withholding, you must select [am] in 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.wellsfargoerisasettlement.com](http://www.wellsfargoerisasettlement.com), OR CALL Toll-Free at 844-485-2675**