

CLAIM FORM

COMPLETE THIS FORM ONLY IF YOU BELIEVE YOUR INDIVIDUAL SETTLEMENT AMOUNT IS INCORRECT OR IF YOU DID NOT RECEIVE AN INDIVIDUAL NOTICE AND YOU BELIEVE YOU MAY BE A CLASS MEMBER BECAUSE YOU MEET THE DEFINITION SET FORTH ON PAGE 2 OF THE NOTICE. YOU MUST PROVIDE DOCUMENTATION ESTABLISHING WHY YOUR INDIVIDUAL SETTLEMENT AMOUNT IS INCORRECT OR WHY YOU BELIEVE YOU ARE A CLASS MEMBER, INCLUDING, FOR EXAMPLE, PAYSTUBS SHOWING THAT 403(b) or 457(b) FUNDS WERE DEDUCTED FROM YOUR PAYCHECK AND ACCOUNT STATEMENTS UP THROUGH THE PRESENT SHOWING THAT THE FUNDS WERE EITHER NOT REMITTED OR REMITTED IN AN UNTIMELY MANNER.

IF YOU RECEIVED AN INDIVIDUALIZED NOTICE AND BELIEVE THE SETTLEMENT AMOUNT IS CORRECT, BUT YOUR NAME, ADDRESS, EMPLOYER OR INVESTMENT ACCOUNT INFORMATION HAS CHANGED OR IS INCORRECT OR THE CLASS MEMBER HAS DIED, FILL OUT THE CHANGE OF INFORMATION FORM ONLY.

To be considered to be eligible for benefits or to have your individual settlement amount reconsidered, you must submit this form with appropriate documentation postmarked on or before December 16, 2011 to the following address:

Burns v. Gatekeeper Administration Claims Administrator
c/o Kurtzman Carson Consultants LLC
P.O. Box 6177
Novato, CA 94948-6177

Claim Forms postmarked after December 16, 2011 will not be considered. If you want to make sure that your Claim Form is received, you should send a copy by certified mail, return receipt requested.

Information to be completed by you:

Your Name: _____

Address: _____

City, State, Zip: _____

Your Social Security Number: _____

Your Current Employer: _____

Your Phone Number: _____

Your Email Address: _____

Your employer at the time you believe Gatekeeper failed to make a remittance or made a late remittance of your 403(b) and 457(b) contributions: _____

The dates you believe Gatekeeper failed to make a remittance or made a late remittance of your 403(b) or 457(b) contributions and the amount of those contributions:

The dates you received the late or missing remittance, if any:

Your 403(b) or 457(b) Investment Account Information:

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Your Signature

IF THE CLASS MEMBER IS DECEASED, YOU MUST ALSO ENCLOSE THE DEATH CERTIFICATE AND THE DOCUMENTATION SUCH AS A WILL OR TRUST AGREEMENT ESTABLISHING YOUR RIGHT TO RECEIVE FINAL SETTLEMENT BENEFITS ON BEHALF OF A DECEASED PARTICIPANT OR BENEFICIARY.

Date of Death of Class Member:

Your Relationship to Deceased Class Member:

Your Name:

Your Address:

City, State, Zip:

Your Social Security Number or Tax ID Number for an Estate:

Provide Inherited Retirement Account Information

Name of Bank or Investment Provider:

Account Number

Date Established:
