Pactiv Evergreen Services Inc. Employee Savings Plan Settlement Administrator
P.O. Box 2009
Chanhassen, MN 55317-2009
www.401kERISAsettlement.com

## FORMER PARTICIPANT ROLLOVER FORM

This Former Participant Rollover Form is **ONLY** for Settlement Class Members who are **Former Participants** of the **Pactiv Evergreen Services Inc. Employee Savings Plan**, or the beneficiaries or alternate payees of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Settlement Class Member who does not or will not have a Plan account with a positive balance as of March 31, 2024.

Former Participants that 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 August 16, 2024. Please review the instructions below carefully. Former Participants who do not complete and timely return this form will receive their settlement payment by a check made directly to them. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

<u>WWW.401KERISASETTLEMENT.COM</u> OR CALL (855) 688-9518

## PART 1: INSTRUCTIONS FOR COMPLETING FORMER 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 Former Participant Rollover Form, including the first page with the address label, for your records.
- 2. Mail your completed Former Participant Rollover Form postmarked on or before August 16, 2024 to the Settlement Administrator at the following address:

Pactiv Evergreen Services Inc. Employee Savings Plan Settlement Administrator P.O. Box 2009 Chanhassen, MN 55317-2009

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Rollover Form.

- 3. Other Reminders:
  - You must provide date of birth, signature, and a completed Substitute IRS Form W-9, which is included 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 Former Participant Rollover Form, please provide your new address to the Settlement Administrator.
  - Timing Of Payments To Eligible 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 many months or even 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 Former Participant Rollover Form, please call the Settlement Administrator at (855) 688-9518. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement or the rollover. 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, <a href="https://www.401kERISAsettlement.com">www.401kERISAsettlement.com</a>.

[FORMER PARTICIPANT ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

You may be eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Mazza v. Pactiv Evergreen Services, Inc., et al.*, No. 1:22-cv-5052 (N.D. III.). That Settlement provides allocation of monies to the individual accounts of certain persons who participated in the Pactiv Evergreen Services Inc. Employee Savings Plan ("Plan") at any time between September 16, 2016 and March 31, 2024 ("Settlement Class Members"). Settlement Class Members who do not have a Plan account with a positive balance as of March 31, 2024 ("Former Participants") and who are entitled to a distribution will receive their allocations in the form of a check unless they mail a valid Rollover Form postmarked on or before August 16, 2024, to the Settlement Administrator with the required information. For more information about the Settlement, please see the Notice of Class Action Settlement, visit <a href="https://www.401kERISAsettlement.com">www.401kERISAsettlement.com</a>, or call (855) 688-9518.

Because the Plan's records reflect that you are a Former Participant in the Plan, you may be entitled to a distribution. You must decide whether you want any potential payment (1) sent payable to you directly by check or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To elect a rollover, please complete and mail this Rollover Form postmarked on or before **August 16, 2024**, to the Settlement Administrator. If you do not return this form, your payment will be sent to you directly by check.

PART 2: PARTICIPANT INFORMATION
First Name M.I. 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 Y Y Y Y
PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)
Check here if you are the surviving spouse or other beneficiary for the Former Participant and the Former Participant is deceased. <b>Documentation must be provided showing current authority of the representative to file on behalf of the deceased.</b> 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 Administrate may contact you with further instructions. Please complete the information below and then continue on to Parts 4 and 5 of the next page.
Your First Name Middle Last Name
Your Social Security Number or Tax ID Number Your Date of Birth
Your Mailing Address  M M D D Y Y Y Y
City State Zip Code

PART 4: 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 (sul	oject to ordinary income tax)	
Rollover Information:			
Company or Trustee's Name (to whom the check sho	uld 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 INFORMATION PROVIDED ON THIS ROLLOVEI ROLLOVER FORM.	AWS OF THE UNITED STATES OF A	MERICA, I CERTIFY THAT ALL OF THE	
<ol> <li>The Social Security number shown on this for be issued to me); and</li> </ol>	m is my correct taxpayer identification	number (or I am waiting for a number to	
<ol> <li>I am not subject to back up withholding becan by the Internal Revenue Service (IRS) that I a dividends, or (c) the IRS has notified me that I</li> </ol>	am subject to backup withholding as a	result of a failure to report all interest or	
3. I am a U.S. person (including a U.S. resident	alien).		
Participant Signature		M M D D Y Y Y Y  Data Signed (Paguired)	
i ai tioipaint oigilataio		Date Signed (Required)	

QUESTIONS? VISIT: WWW.401KERISASETTLEMENT.COM, OR CALL (855) 688-9518

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.