AMPAM ESOP Settlement
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164
WWW.AMPAMSETTLEMENT.COM

ROLLOVER FORM

You may be eligible to receive a payment from a Class Action Settlement. The Court has preliminarily approved the Settlement of *Ramirez, et al. v. AMPAM Parks Mechanical, Inc., et al.*, Civil Action No. 5:24-cv-01038-KK-DTB (C.D. Cal.). That Settlement provides for payment of cash amounts to Class Members via check or rollover as described below. The "Class" includes all participants in the AMPAM Parks Mechanical, Inc. Employee Stock Ownership Plan on or after August 6, 2023 who vested under the terms of the ESOP, and those participants' beneficiaries. Excluded from the class are Defendants and their immediate family members; any fiduciaries of the Plan; any officers and directors of AMPAM or of any entity in which a Defendant has a controlling interest; and legal representatives, successors, and assigns of any such excluded persons. The terms of that Settlement are summarized in the accompanying Notice of Class Action Settlement that is included with this form. For additional information or if you have questions about this form, please review the Notice, visit www.AMPAMSettlement.com, call 1-800-905-1641, or email AMPAMSettlement@atticusadmin.com.

Class Members who would like to elect to receive their Settlement payment through a rollover to a qualified retirement account or plan (such as a traditional or Roth IRA, a 401(a) or 401(k) plan, a 403(b) plan, or a 457(b) governmental plan) must complete, sign, and mail this form with a postmark on or before **November 12, 2026**. Alternatively, Class Members may fill out this form online at www.AMPAMSettlement.com by November 12, 2026. Please review the instructions below carefully. **Class Members who do not complete and timely return this form will receive their Settlement payment by a check payable to themselves, which will be subject to applicable tax withholding.** If you wish to avoid withholding of taxes, you must elect a rollover.

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PART 1: INSTRUCTIONS FOR COMPLETING ROLLOVER FORM

1. If you would like to receive your Settlement payment through a rollover to a qualified retirement account, which would eliminate the withholding of taxes from your payment, please complete this rollover form. You should also keep a copy of all pages of the rollover form that you submitted, including the first page with the address label, for your records.
2. Complete the online rollover form available at www.AMPAMSettlement.com by **November 12, 2026**, or mail your completed rollover form postmarked on or before November 12, 2026, to the Settlement Administrator at the following address:

AMPAM ESOP Settlement
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164

It is your responsibility to ensure the Settlement Administrator has timely received your rollover form.

3. Other Reminders:

- You must provide all required information (including date of birth and social security number) and sign and date your form where indicated below.
- If you do not provide all necessary information or do not sign and date your form, payment will be sent to you by check with taxes withheld.
- If you change your address after sending in your 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 is 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.

4. **Questions?** If you have any questions about this rollover form, please call the Settlement Administrator at 1-800-905-1641 or email to AMPAMSettlement@atticusadmin.com. The Settlement Administrator will provide information 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, at www.AMPAMSettlement.com.

PART 2: CLASS MEMBER INFORMATION

First Name | Middle | Last Name

Mailing Address

City | State | Zip Code

Home Phone | Work Phone or Cell Phone

Class Member's Social Security Number | Class Member's Date of Birth

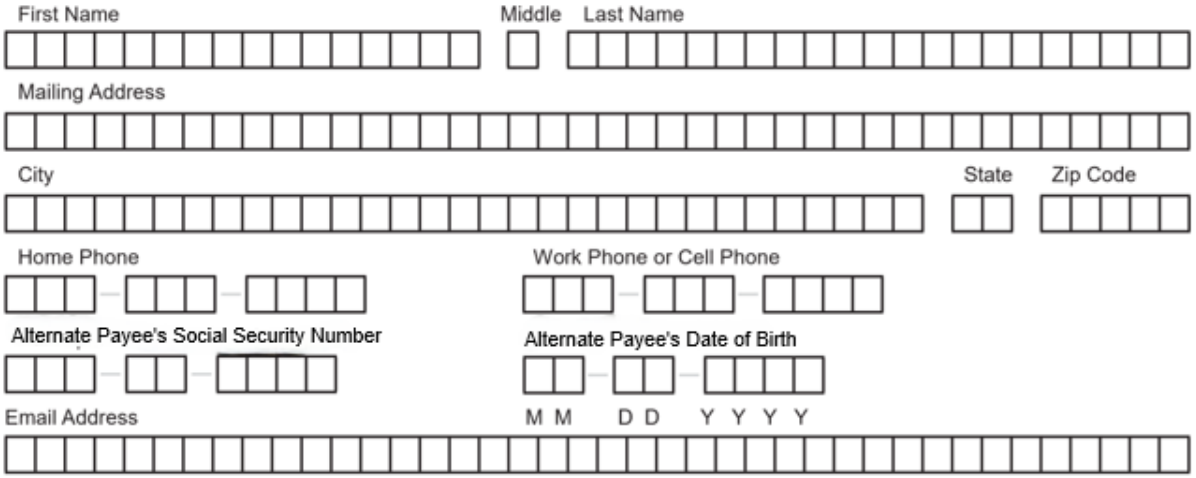
M M D D Y Y Y Y

Email Address

PART 3: FOR ALTERNATE PAYEE OR OTHER BENEFICIARY (*IF APPLICABLE*)

☐ Check here if you are the **surviving spouse or other beneficiary** for the Class Member and the 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
Alternate Payee's Social Security Number
Alternate Payee's Date of Birth
Email Address
M M D D Y Y Y Y

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 ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS 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 back up 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 (which includes U.S. resident aliens).

M M – D D – Y Y Y Y

Class Member/Alternate Payee 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.