

Eagle Brook Class Action Settlement Administrator
P.O. Box 2009
Chanhassen, MN 55317-2009

ABC1234567890



JOHN Q CLASSMEMBER
123 MAIN ST
APT 1
ANYTOWN, ST 12345

Claim Number: 1111111

PIN: a!b@c#d\$

Maturo et al. v. CF Eagle Brook ARCIS LLC, No. 23 MR 255 (Kane Cty., Ill. Cir. Ct.)

EAGLE BROOK CLASS SETTLEMENT
CLAIM FORM INSTRUCTIONS

Instructions For Completing Eagle Brook Class Settlement Claim Form

If you executed a Conversion Agreement before June 28, 1995, you are eligible to receive a monetary award pursuant to a proposed class action settlement that resolves litigation arising out of a members' right to receive a return of the "Amount Previously Paid" as specified in your Conversion Agreement.

If you wish to make a claim under the terms of the proposed class action settlement, you must submit this Claim Form. Each person who submits this Claim Form is referred to as a "Claimant." **You may submit the completed claim form either by emailing it to EBCCclassaction@noticeadministrator.com or by U.S. Mail.**

If you choose to submit a claim, you must do so on or before **January 14, 2026**. If submitting by U.S. Mail, you may submit a claim by printing and completing a hard copy of the attached Claim Form and sending it to the following address:

Eagle Brook Class Action Settlement Administrator
P.O.Box 2009
Chanhassen, MN 55317-2009

If you submit a hard copy of this Claim Form by U.S. mail, it must be postmarked on or before **January 14, 2026**.

If you submit your claim after this date, either by email or U.S. Mail, you will not be eligible to receive any monetary award from the proposed Settlement Agreement. However, you will still be bound by the terms of the Settlement Agreement as approved by the Court.

Please fill out each section of the attached Claim Form.

Only one Claim Form may be submitted per Claimant. If you need any additional Claim Forms, you should either make copies of this Claim Form yourself or obtain them by calling the Eagle Brook Class Action Settlement Administrator at 833-457-5350.

If a Claimant is an individual who is either (1) deceased or (2) incapacitated (legally unable to complete the Claim Form), a Claim Form may be completed and submitted by a legal representative on behalf of the Claimant or one of his/her heirs. For a deceased Claimant's representative or heir, you must provide proof of your authority to act on behalf of the Claimant upon request from the Claims Administrator.

CLAIM FORM

PART 1: CLAIMANT INFORMATION

Claimant Information:

1. **Claimant**, please complete the following:

Claimant's Name: _____
First, Middle, Last

Claimant's Birth Date: _____
Month, Day, Year

2. **If the Claimant is an individual who is deceased or incapacitated**, complete the following:

Claimant's Name: _____
First, Middle, Last

Claimant's Birth Date: _____
Month, Day, Year

Name of person completing this Claim Form on behalf of the deceased or incapacitated Individual:

First, Middle, Last

All Claimants must complete Question 3 below. If you are completing this Claim Form on behalf of an individual who is deceased or incapacitated, provide the following information about yourself, not the Claimant.

3. Claimant's Current Mailing Address:

Street: _____

City, State, and Zip Code: _____

Claimant's Telephone Number: (_____) _____ - _____

Claimant's Email Address: _____

PART 2: SIGNATURE

By submitting this Claim Form, I declare that the information provided in this Claim Form is true and correct, and that I am 18 or older and am authorized to submit this Claim Form on behalf of myself or I am the legal representative or an of heir of the Claimant.

Signature: _____ Date Signed: _____

Name (Printed): _____

Email Address: _____