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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION
Judge Cecilia A. Horan, Calendar 9
No. 11 CH 15446
Williams, et al. v. Retirement Plan for CTA Employees, et al.

PROOF OF KINSHIP FORM

If the Class Member to whom the Notice of Proposed Class Action Settlement (“Notice”) was sent is deceased, please complete this form, have it notarized, and return it to the Claims Administrator at the address on page 4 of this form by September 8, 2023.

Member ID (found on the first page of the Notice): _____

Name of deceased Class Member: _____

Name of person completing this form: _____

Your relationship to deceased: _____

Your mailing address:

Address

_____ - _____

City

State

Zip Code

Zip 4 (optional)

Your telephone number: (_____) _____ - _____

Your email address: _____ @ _____

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Identification of Court-Appointed Representative, Surviving Spouse, or Other Living Relatives of Deceased Class Member. Complete only one of the following three sections.

1. Court-Appointed Estate Representative: The following individual was appointed by a court to represent the estate of the deceased Class Member and should receive checks for the deceased Class Member's Individual Settlement Amount, and will distribute such amount in accordance with the deceased Class Member's will or, if there was no will, in accordance with state law. Checks will be made out to the estate of the deceased Class Member:

Name: _____
First Name Last Name

Relationship to deceased Class Member: _____

Mailing Address:

Address

City State Zip Code Zip 4 (optional)

Telephone number: (____ ____ ____) ____ ____ ____ - ____ ____ ____

Email address: _____@_____

Complete the Surviving Spouse section below only if there is no court-appointed estate representative.

2. Surviving Spouse: The following individual is the surviving spouse of the deceased Class Member to whom checks for the deceased Class Member's Individual Settlement Amount should be sent:

Name: _____
First Name Last Name

Mailing Address:

Address

City State Zip Code Zip 4 (optional)

Telephone number: (____ ____ ____) ____ ____ ____ - ____ ____ ____

Email Address: _____@_____

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Complete the Other Relatives section below only if there is no court-appointed estate representative or surviving spouse.

3. Other Relatives: If there is no court-appointed estate representative or surviving spouse, identify other relatives of the deceased Class Member in the table below, following these instructions carefully:

- a. List all living children of the deceased Class Member;
- b. Only if there are no living children, list all living parents of the deceased Class Member;
- c. Only if there are no living children or parents, list all living brothers and sisters of the deceased Class Member;
- d. Only if there are no living children, parents, brothers or sisters, list all living nieces or nephews of the deceased Class Member.

The deceased Class Member’s Individual Settlement Amount will be divided equally between and sent to the relatives you list below.

Name	Address	Phone	Relationship
_____ First Name _____ Last Name	_____ Address _____ City _____ State Zip Code		_____
_____ First Name _____ Last Name	_____ Address _____ City _____ State Zip Code		_____
_____ First Name _____ Last Name	_____ Address _____ City _____ State Zip Code		_____
_____ First Name _____ Last Name	_____ Address _____ City _____ State Zip Code		_____

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Under penalty of perjury, I certify that the Class Member to whom this Notice was sent is deceased, and above is a true and accurate identification of the deceased Class Member's court-appointed estate representative, or if there is no court-appointed estate representative, the Class Member's surviving spouse, or if there is no surviving spouse, the Class Member's other relatives as set forth above.

Your signature

Subscribed and sworn to before me this _____ day of _____, 2023

Notary Public

[Notary Seal]

Return this Form by U.S. First Class Mail to the Claims Administrator at the following address:

Williams, et al. v. Retirement Plan for CTA Employees, et al.
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391

**This form must be postmarked or received by the Claims Administrator on or before
September 8, 2023.**



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Williams, et al. v. Retirement Plan for CTA Employees, et al.
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391

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<<First Name>> <<Lastname>>
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<<Address2>>
<<City>>, <<State>> <<Zip Code>>
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