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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.

**CHANGE OF ADDRESS FORM**

**If the address to which the Notice of Proposed Class Action Settlement (“Notice”) was sent has changed or is inaccurate, please complete this form, have it notarized, and return it to the Claims Administrator at the address on page 2 of this form by September 25, 2023.**

Under penalty of perjury, I certify that the address to which the Notice was sent has changed or is inaccurate, and the true and accurate address of the Class Member is stated above.

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

Name of Class Member: \_\_\_\_\_  
First Name Last Name

Address to which this Notice was sent:

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Address

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City State Zip Code - Zip 4 (optional)

New or corrected mailing address to which future notices and settlement checks should be sent:

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Address

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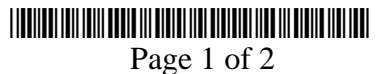
City State Zip Code - Zip 4 (optional)

Name of person completing this form: \_\_\_\_\_

Your relationship to Class Member: \_\_\_\_\_

Your telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Your email address: \_\_\_\_\_@\_\_\_\_\_



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Under penalty of perjury, I certify that the address to which the Notice was sent has changed or is inaccurate, and the true and accurate address of the Class Member is stated 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 25, 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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<<Company>>  
<<First Name>> <<Lastname>>  
<<Address1>>  
<<Address2>>  
<<City>>, <<State>> <<Zip Code>>  
<<country>>