

and the LG&E and KU Savings Plan Settlement Administrator

**FORMER PARTICIPANT CLAIM FORM**

ABC1234567890

Claim Number: 1111111

**\*ABC1234567890\***

JOHN Q CLASS MEMBER

123 MAIN ST

APT 1

ANYTOWN, ST 12345

This Former Participant Claim Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries, alternate payees, or attorneys-in-fact of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Class Member who did not have an account in the Plans (as defined below) with a balance greater than \$0 as of December 31, 2024.

This form must be completed, signed, and mailed to the Settlement Administrator with a postmark date on or before **[INSERT DATE]**, or electronically filed online at **www.PPL401ksettlement.com** no later than **[INSERT DATE]**, for you to receive your share of the Settlement proceeds. **Former Participants who do not complete and timely return this form will not receive any Settlement payment.** Please review the instructions below carefully. If you have questions regarding this Claim Form, you may contact the Settlement Administrator as indicated below.

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**PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM**

1. Complete this claim form and keep a copy of all pages of your Former Participant Claim Form, including page 1 with the address label, for your records.
2. Mail your completed Former Participant Claim Form, postmarked no later than **[INSERT DATE]**, to the Settlement Administrator at the following address:

**PPL Employee Savings Plan, PPL Deferred Savings Plan, PPL Employee Stock Ownership Plan, and the LG&E and KU Savings Plan Settlement Administrator**  
**Binder v. PPL Corporation**  
**c/o Analytics Consulting LLC**  
**P.O. Box [INSERT]**  
**Chanhausen, MN 55317-2010**

Claim Forms may also be completed and submitted to the Settlement Administrator electronically online at **www.PPL401ksettlement.com**. Electronic Claim Forms must be submitted no later than **[INSERT DATE]**.

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

3. Other Reminders:
  - You must provide date of birth, signature, and a completed Substitute IRS Form W-9, which is attached as Part 5 to this form.
  - If you desire to do a rollover but do not complete in full the rollover information in Part 4 of the Settlement Distribution Form, payment will be made to you directly.
  - If you change your address after sending in your Former Participant Claim Form, please send your new address to the Settlement Administrator.
  - **Timing of Payments to Eligible Class Members.** Please note that Settlement payments are subject to the Settlement Agreement's receiving final Court approval. If the Settlement Agreement is approved, and if you are entitled to a Settlement payment under the terms of the Settlement, such payments will be distributed no earlier than **[INSERT DATE]** due to the need to process and verify information for all Class Members who are entitled to a payment and to compute the amount of each payment. Payments may be further delayed if any appeals are filed.
4. **Questions?** If you have any questions about this Former Participant Claim Form, please call the Settlement Administrator at **[INSERT PHONE NUMBER]**.
5. The Settlement Administrator will provide advice 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, Settlement administration, and claim processing is available on the lawsuit website, **www.PPL401ksettlement.com**.

Because you are a Former Participant (or beneficiary of a Former Participant) in the Successor Plan, you must decide whether you want your payment (1) sent payable to you directly or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To make that choice, please complete and mail this Former Participant Claim Form to the Settlement Administrator at the address atop this form postmarked no later than **[INSERT DATE]**. Claim Forms may also be completed and submitted to the Settlement Administrator electronically online at **www.PPL401ksettlement.com**. Electronic Claim Forms must be submitted no later than **[INSERT DATE]**. If you do not indicate a payment election, your payment will be sent payable to you directly.

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