

## **EXHIBIT 3**

**FORMER PARTICIPANT ROLLOVER FORM**

ABC1234567890

Claim Number: 1111111



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

This Former Participant Rollover Form is **ONLY** for Settlement Class Members who are **Former Participant Class Members**, or the Beneficiaries or Alternate Payees of Former Participant Class Members (all of whom will be treated as Former Participant Class Members). A Former Participant Class Member is a Settlement Class Member who had a Plan account with a balance greater than \$0.00 at any point during the Class Period but who does not have a Plan account with a balance greater than \$0.00 as of the date of the Final Approval Order.

Former Participant Class Members who would like to elect to receive their settlement payment through a rollover to a qualified retirement account must complete, sign, and mail this form with a postmark on or before **August 12, 2021**. Please review the instructions below carefully. Former Participant Class Members who do not complete and timely return this form will receive their settlement payment by a check. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

[www.Lowes401kClassAction.com](http://www.Lowes401kClassAction.com) or call 1-877-319-3102

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

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, complete this rollover form. You should also keep a copy of all pages of your Former Participant Rollover Form, including the first page with the address label, for your records.
2. **Mail your completed Former Participant Rollover Form postmarked on or before August 12, 2021 to the Settlement Administrator at the following address:**

Lowe's 401(k) Plan Litigation  
P.O. Box 2004  
Chanhassen, MN 55317-2004

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Rollover 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 and you fail to complete all of the rollover information in Part 4, below, payment will be made to you by check.
  - If you change your address after sending in your Former Participant 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 are 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. An appeal of the final approval order may take several years. If the Settlement is approved by the Court, and there are no appeals, the Settlement distribution likely will occur within four months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Former Participant Rollover Form, please call the Settlement Administrator at 1-877-319-3102. 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 and the Settlement administration is available on the settlement website, [www.Lowes401kClassAction.com](http://www.Lowes401kClassAction.com).

**[FORMER PARTICIPANT ROLLOVER FORM CONTINUES ON THE NEXT PAGE]**

You are eligible to receive a payment from a class action settlement. The Court has preliminarily approved the class settlement of *Reetz v. Lowe's Companies, Inc., et al.*, Case No. 5:18-cv-00075-KDB-DCK (W.D.N.C.). That Settlement provides allocation of monies to all participants and beneficiaries of the Lowe's 401(k) Plan whose Plan account balances were invested in the Aon Growth Fund at any time on or after October 1, 2015, through June 9, 2021 (referred to as the "Class Period"), excluding the Settling Defendants, any of their directors, and any officers or employees of the Settling Defendants with responsibility for the Plan's investment or administrative functions. Settlement Class Members who had a Plan account with a balance greater than \$0.00 at any point during the Class Period but who do not have a Plan account with a balance greater than \$0.00 as of the date of the Final Approval Order ("Former Participant Class Members") will receive their allocations in the form of a check or in the form of a rollover if and only if they mail a valid Former Participant Rollover Form postmarked on or before **August 12, 2021** to the Settlement Administrator with the required information to effectuate the rollover. For more information about the Settlement, please see the Notice Of Class Action Settlement And Fairness Hearing, visit [www.Lowes401kClassAction.com](http://www.Lowes401kClassAction.com), or call 1-877-319-3102.

Because you are a Former Participant Settlement Class Member in the Plan, you must decide whether you want your payment (1) sent payable to you directly by check or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To elect a rollover, please complete and mail this Former Participant Rollover Form postmarked on or before **August 12, 2021** to the Settlement Administrator. If you do not return this form, your payment will be sent to you directly by check.

### PART 2: PARTICIPANT INFORMATION

First Name	M.I.	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Mailing Address		
<input style="width: 100%;" type="text"/>		
City	State	Zip Code
<input style="width: 80%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
Home Phone	Work Phone or Cell Phone	
<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Participant's Social Security Number	Participant's Date of Birth	
<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Email Address	M M	D D Y Y Y Y
<input style="width: 100%;" type="text"/>		

### PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

- Check here if you are the **surviving spouse or other beneficiary** for the Former Participant and the Former Participant 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.

Your First Name	M.I.	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Your Social Security Number or Tax ID Number	Your Date of Birth	
<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Your Mailing Address	M M	D D Y Y Y Y
<input style="width: 100%;" type="text"/>		
City	State	Zip Code
<input style="width: 80%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>

**[FORMER PARTICIPANT ROLLOVER FORM CONTINUES ON THE NEXT PAGE]**

**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*)

Grid for Company or Trustee's Name

Company or Trustee's Mailing Address 1

Grid for Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Grid for Company or Trustee's Mailing Address 2

Company or Trustee's City

State

Zip Code

Grid for Company or Trustee's City

Grid for State

Grid for Zip Code

Your Account Number

Company or Trustee's Phone Number

Grid for Your Account Number

Grid for Phone Number Area Code

Grid for Phone Number Prefix

Grid for Phone Number 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 FORMER PARTICIPANT ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT 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 backup 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 (including a U.S. resident alien).

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**Former Participant Class Member Signature (Required)**

**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.

**QUESTIONS? VISIT: [WWW.LOWES401KCLASSACTION.COM](http://WWW.LOWES401KCLASSACTION.COM), OR CALL 1-877-319-3102**