Janus 401(k) and Employee Stock Ownership Plan
c/o Atticus Administration
P.O. Box 64053
St Paul, MN, 55164
www.jhuserisasettlement.com

FORMER PARTICIPANT ROLLOVER FORM

This Former Participant Rollover Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries or alternate payees of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Class Member who no longer had an Active Account in the Janus 401(k) and Employee Stock Ownership Plan ("Plan") as of May 4, 2026.

This form must be completed, signed and mailed to the Settlement Administrator with a postmark on or before **August 20, 2026** in order for you to receive your share of the Settlement proceeds. **Former Participants who do not complete and timely return this form will receive their Settlement payment, if any, via check.** Please review the instructions below carefully. If you have questions regarding this Rollover Form, you may contact the Settlement Administrator as indicated below.

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PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT ROLLOVER FORM

1. Complete this rollover form and 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 20, 2026 to the Settlement Administrator at the following address:**

   Janus 401(k) and Employee Stock Ownership Plan
   c/o Atticus Administration
   P.O. Box 64053
   St Paul, MN, 55164

   It is <u>your</u> 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 do not fully complete 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.
   - Please note that Settlement payments are subject to the Settlement Agreement 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 within 120 days of the Court's final approval order 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 delayed if any appeals are filed.

4. **Questions?** If you have any questions about this Former Participant Rollover Form, please call the Settlement Administrator at 1-800-577-5039. 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, the Settlement administration, and claim processing is available on the settlement website, www.jhuserisasettlement.com.

The court has preliminarily approved the settlement of *Schissler, et al. v. Janus Henderson US (Holdings) Inc., et al.,* Case No. 1:22-cv-02326-RM-SBP (D. Colo.), which provides allocation of monies to the individual accounts of participants in the Janus 401(k) and Employee Stock Ownership Plan ("Plan") at any time between September 9, 2016 and May 4, 2026. Because you are a Former Participant in the Plan, you have the option to have your payment rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To do so, please complete and mail this Former Participant Rollover Form postmarked on or before **August 20, 2026** to the Settlement Administrator. If you do not return a completed form your payment will be sent to you directly by check. **If you would like payment by check, you do <u>not</u> need to return this form or take any other action.** For more information about the settlement, please see www.jhuserisasettlement.com or call 1-800-577-5039.

PART 2: PARTICIPANT INFORMATION

First Name | Middle | Last Name

Mailing Address

City | State | Zip Code

Home Phone

Work Phone or Cell Phone

Participant's Social Security Number

Participant's Date of Birth (MM-DD-YYYY)

Email Address

☐ Check here if you are a Former Participant but did not receive this Rollover Form in the mail.

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 | Middle | Last Name

Your Social Security Number or Tax ID Number

Your Date of Birth (MM-DD-YYYY)

Your Mailing Address

State | ZIP

City

PART 4: ROLLOVER 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)

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City | State | Zip Code

Your Account Number | Company or Trustee's Phone 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 back up 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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Participant Signature **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.

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