

Must be received online or
postmarked by no later than
11:59PM EDT on
June 12, 2026

**To complete your Confidential Questionnaire and Release,
please download the Full Copy from the Important Documents tab at
www.2026SurvivorsBankSettlementFund.com. This compact version is for
planning and illustrative purposes only.**

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Doe v. Bank of America, N.A.,

Case No.: 1:25-cv-8520-JSR

CONFIDENTIAL QUESTIONNAIRE AND RELEASE

GENERAL INSTRUCTIONS

To participate in the class action settlement (the “Settlement”) based on your claims in the action entitled *Jane Doe v. Bank of America, N.A.*, Case No.: 1:25-cv-8520-JSR (the “Litigation”), you (or your counsel, on your behalf) must complete the Confidential Questionnaire and Release¹ (“Questionnaire and Release”) included in this document and submit it pursuant to the instructions below. You (or your counsel, on your behalf) must mail or upload online your completed and signed Questionnaire and Release by no later than **11:59 PM EDT on June 12, 2026**. If you fail to timely submit the Questionnaire and Release, your claim will be rejected, and you will not receive any recovery from the Net Settlement Fund created in connection with the Settlement.

You may submit your Questionnaire and Release in your preferred language. The Fund Administrator has English, French, and Russian language versions of this form that can be found by visiting www.2026SurvivorsBankSettlementFund.com.

While it may be difficult, please read this entire form carefully, including this General Instructions section, so that you can arrive at a clear understanding of your legal rights. **The information you include on this Questionnaire and Release will be kept strictly confidential from the public** and will not be provided under any circumstance to any requesting third-party, including during the discovery process in any other litigation, without the express written consent of the individual Participating Claimant unless specifically directed by the Court. **Your identity will be kept confidential by the Fund Administrator. The claims website where you have the option to access and submit your Questionnaire and Release was created specifically for this claims process and is highly secure.**

Given the difficult nature of the abuse involved, reading and responding to the questions in this form could trigger unpleasant thoughts and feelings, so please take breaks, and seek support as needed. The Fund Administrator has taken care in preparing this form and every effort has been made to be sensitive to the issues raised in the questions.

If you need or want any assistance in filling out the Questionnaire and Release, Class Counsel is available to you at no cost to you. You can contact Sigrid McCawley’s team at Boies Schiller Flexner LLP at 212-446-2300 and EpsteinBOASettlement@bsflp.com, and Brittany Henderson at Edwards Henderson PLLC at brittany@cvlf.com. The Boies Schiller Flexner LLP and Edwards Henderson PLLC teams have been trained

¹ All capitalized terms not otherwise defined herein have the meanings set forth in the Stipulation of Settlement dated March 27, 2026. To the extent there is any conflict between the definitions of capitalized terms in the Questionnaire and Release and the Stipulation of Settlement, the definition in the Stipulation of Settlement controls. A copy of the Stipulation of Settlement is available by contacting the Fund Administrator or by visiting the website www.2026SurvivorsBankSettlementFund.com, as more fully set forth in the Notice.

in assisting survivors of sexual trauma, and they are well versed in the general nature of this matter. The Boies Schiller Flexner LLP and Edwards Henderson PLLC teams can help you fill out the Questionnaire and Release or answer general questions about this ongoing process at no cost to you. They will keep your conversation(s) with them, and all information provided to them, confidential.

If you have questions about this Questionnaire and Release or the process for submission you have several options. If you are represented by counsel, please seek advice from your attorney in the first instance. If you still have questions or you do not have an attorney and need one, you may contact Simone Lechuk, the Fund Administrator, at Claims@2026SurvivorsBankSettlementFund.com, and she will further direct you to Class Counsel or answer your question. Please note that Ms. Lechuk is not authorized to assist you in the completion of your Questionnaire and Release, the preparation of any supporting documentation, or provide legal advice. If you require legal advice or assistance in completing your form, we encourage you to work with Class Counsel or your own private counsel.

If any section or sub-section of this Questionnaire and Release does not pertain to you, you may leave it blank. If this Questionnaire and Release asks you a question for which you do not know the answer, please try to provide as much information as possible or skip that specific question. In certain instances, you may decide to submit supporting documentation that you do not presently have in your possession. In this instance you should indicate that in the appropriate section of this Questionnaire and Release and update your file as the information is received.

As part of this claims process, you may request (but are not required to) a video or in-person (in New York City) meeting with Simone Lechuk, the Fund Administrator. Ms. Lechuk will arrange this meeting in response to your request. During this meeting you may share additional information with Ms. Lechuk that you think will help her in making her determination. Additionally, Ms. Lechuk may request a phone or video meeting with some, but not all, of the Class Members if she feels speaking with a Class Member will help her obtain additional, helpful information. While Ms. Lechuk may make this request of certain Class Members, it is not a mandatory part of this process and if you decline Ms. Lechuk's request for a meeting, then your claim will be evaluated based on the written information you submitted. Any Class Member who meets with Ms. Lechuk is welcome to have her attorney attend the meeting as well. You can read about Ms. Lechuk's background on this website – www.simonelechuk.com. Ms. Lechuk will schedule meetings at mutually convenient times, considering a Class Member's location and time zone.

The information you include on the Questionnaire and Release will be kept confidential. The only information that will be shared with the Fund Administrator is the information that you choose to include on the Questionnaire and Release and any additional information included along with the Questionnaire and Release. Anyone who submits a Questionnaire and Release will not be publicly identified. If you wish to be excluded from the Settlement and preserve your claims related to the Litigation, you must send a signed letter via First-Class Mail (“Opt-Out Form”) to the Fund Administrator. The letter should state (a) the name, address, and telephone number of the Person requesting exclusion; and (b) that the Person wish to be excluded from the Class in this Litigation. Your Opt-Out Form must be **mailed to the Fund Administrator so as to be postmarked no later than May 13, 2026** to opt-out, or be excluded, from the Settlement.

If you fail to timely submit an Opt-Out Form and do not submit a Questionnaire and Release, you will receive no compensation related to the Settlement and will release any claims related to the Litigation.

YOU MUST TIMELY MAIL OR UPLOAD ONLINE YOUR COMPLETED QUESTIONNAIRE AND RELEASE, ALONG WITH ANY OTHER DOCUMENTS REQUESTED HEREIN, ONLINE VIA THE SECURE WEBSITE WWW.2026SURVIVORSBANKSETTLEMENTFUND.COM OR MAIL AN OPT-OUT FORM TO THE FUND ADMINISTRATOR.

You will be bound by the terms of any judgment entered in the Litigation, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A QUESTIONNAIRE AND RELEASE, UNLESS YOU SUBMIT OR MAIL A VALID AND TIMELY OPT-OUT FORM.**

QUESTIONNAIRE AND RELEASE TROUBLESHOOTING

To assist you in completing your Questionnaire and Release claim form, please note the following answers to some FAQs:

- The deadline to submit your Questionnaire and Release is **11:59 PM EDT on June 12, 2026**.
- Only the claimant, not counsel, may submit the Questionnaire and Release because the form is submitted under penalty of perjury.
- You do not need to complete your Questionnaire and Release in one session. The Questionnaire and Release may be downloaded at www.2026SurvivorsBankSettlementFund.com in PDF format and you may work on the Questionnaire and Release at your own pace and once completed, you may upload the Questionnaire and Release and any supporting documentation.
- Please enter your personal information and not that of your counsel, if any.
- It may be helpful to download and/or print the complete blank Questionnaire and Release before you start filling it out so you can have a point of reference for how the form is organized in its entirety.
- The Fund Administrator is required to initiate certain searches related to potential medical liens held by Medicare, Medicaid, TRICARE, and the U.S. Department of Veteran Affairs. You will be asked to add your date of injury/illness and social security number and sign various documents to facilitate this process as part of the submission of your Questionnaire and Release. This is a mandatory part of the claim process.
- You will need to affix your digital signature in three places – at the end of the Questionnaire and Release (page 29), at the end of the Proof of Representation (page 31), and at the end of the Consent and Authorization for Use and Release of Information (page 32). These fields are in yellow to highlight them for you. Please type your signature in each place. In addition, you must specify the approximate month and year of injury/illness on the Proof of Representation form and the Consent and Authorization for Use and Release of Information. Please enter a date that approximates the date of the sexual misconduct and abuse and express the date as a month and year or month day and year.
- A successful submission of your Questionnaire and Release will generate a reference number. This reference number is unique to you and will be your login number if you want to add additional information or documentation to your claim file. The Fund Administrator, or JND Legal Administration, will contact you, or your counsel, via email to confirm receipt of your Questionnaire and Release, or to notify you if there are any deficiencies in your submission that require correction, within 15 days of receipt.
- You will be prompted to upload documents, if any, after you have uploaded the Questionnaire and Release. Please note the maximum size for upload is 50 megabytes per file, and larger documents must be broken down into smaller files before uploading. Supported file types are .xls, .xlsx, .doc, .docx, .ppt, .pptx, and .jpg.
- If you need to amend your claim after it has been submitted or upload additional documentation, you may do so up until **11:59PM EDT on June 12, 2026**. This feature is available on the dashboard of www.2026SurvivorsBankSettlementFund.com under the Upload Supporting Documentation tab on the top right. You will be prompted for your reference number to continue. A successful upload generates a confirmation reference number. There is no limit to the number of times you may amend or supplement your claim before the deadline.
- If you have additional technical questions, please contact the Fund Administrator, Simone Lelchuk at Claims@2026SurvivorsBankSettlementFund.com.
- The Confidential Questionnaire and Release has been formatted to provide you with the maximum amount of space to enter your response to each question using the online portal. A more compact version of the Confidential Questionnaire and Release is available to review under the Submit Confidential Questionnaire and Release tab at www.2026SurvivorsBankSettlementFund.com.

SECTION A: CLAIMANT INFORMATION
ALL CLAIMANTS MUST COMPLETE THIS SECTION

1. CLAIMANT NAME	First	Middle	Last
2. FORMER OR MAIDEN NAME			
3. DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
4. SOCIAL SECURITY NUMBER, TAXPAYER ID OR FOREIGN ID NUMBER (IF NOT A U.S. CITIZEN):	<input type="text"/> - <input type="text"/> - <input type="text"/> or <input type="text"/>		
	Your social security number will only be used to verify whether any medical liens are owed to Medicare Parts A and B Medicaid, Tricare, and the U.S. Department of Veteran Affairs.		
5. CURRENT MAILING ADDRESS:	Street Address (including apartment/unit number, if applicable)		
	City		
	State/Province		
	Postal Code	Country	
6. TELEPHONE NUMBER:	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) - (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Country Code (if Outside the United States)	Area Code	Number
7. EMAIL ADDRESS:			
8. ARE YOU REPRESENTED BY COUNSEL?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If you answered “No,” and would like to be connected with Class Counsel please contact Sigrid McCawley’s team at 212-446-2300 or Brittany Henderson at Edwards Henderson PLLC at brittany@cvlf.com.		
9. PHONE AND EMAIL COMMUNICATION:	If you are not represented by counsel, may the Fund Administrator leave voicemails for you regarding your claim? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If you are not represented by counsel, may the Fund Administrator send confidential information to you by email? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

<p>10. IS ENGLISH YOUR PREFERRED LANGUAGE?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If you answered “No,” what is your preferred language, and will you require an interpreter?</p>
<p>11. HAVE YOU EVER FILED FOR BANKRUPTCY?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If you answered “YES,” please provide the case number and location of the filing.</p>
<p>12. WERE YOU PREVIOUSLY INVOLVED IN ANY SETTLEMENT OR LITIGATION WITH OR REGARDING JEFFREY EPSTEIN AND/OR ANYONE ASSOCIATED WITH HIM? IF YOU APPLIED TO THE EPSTEIN VICTIMS’ COMPENSATION PROGRAM, OR ANY CLASS ACTION RELATED TO JEFFREY EPSTEIN PLEASE CHECK YES.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If yes, what was the outcome of that settlement or litigation?</p>
<p>13. DID YOU PREVIOUSLY SIGN AN AGREEMENT TO SETTLE ANY CLAIMS RELATING TO JEFFREY EPSTEIN AND/OR ANYONE ASSOCIATED WITH HIM?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If yes, what was the date of the agreement:</p> <p> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>/ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>/ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </p> <p>(MM/DD/YYYY)</p>
<p>14. CONFIDENTIALITY</p>	<p>Everything that you submit to the Fund Administrator will be kept completely confidential unless you provide the Fund Administrator with express, written permission to share your information which includes your identity, or any information contained within your responses to the questions contained herein. Do you expressly authorize the release of information related to your claim to anyone if deemed appropriate by the Fund Administrator?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

SECTION B: ATTORNEY INFORMATION
ONLY CLAIMANTS REPRESENTED BY AN ATTORNEY SHOULD COMPLETE THIS SECTION

You do not need to be represented by an attorney to complete or submit this Questionnaire and Release. If you are represented by an attorney, you should complete this form with the assistance of your counsel. Please enter the attorney's information in this Section B. (You are only represented by an attorney, if you signed a representation agreement or contract hiring that attorney.) If you are not represented by an attorney, skip this section and move to Section C of this Questionnaire and Release.

If you do not have an attorney and need one, you may contact Class Counsel. Please contact Sigrid McCawley's team at 212-446-2300 and EpsteinBOASettlement@bsflp.com and Brittany Henderson at Edwards Henderson PLLC at brittany@cvlf.com.

- If you engage counsel at any point during the claims process, please update your information by emailing the Fund Administrator, at Claims@2026SurvivorsBankSettlementFund.com.

ATTORNEY NAME:	First	M.I.	Last	Suffix
LAW FIRM NAME:				
LAW FIRM MAILING ADDRESS:	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code	Country		
ATTORNEY TELEPHONE:				
ATTORNEY EMAIL ADDRESS:				

**SECTION C: ENCOUNTER(S) WITH JEFFREY EPSTEIN
AND/OR ANYONE ASSOCIATED WITH HIM?
ALL CLAIMANTS SHOULD COMPLETE THIS SECTION**

Please complete the information below. You may use additional sheets of paper to describe your encounter(s) if additional space is needed for any sub-section of this Questionnaire and Release.

Please be as specific as possible. If you can, please indicate the day, month, and year of each encounter. If you cannot recall the month, please try to recall the season of year (fall, winter, spring, summer).

ENCOUNTER(S)

1. What was the date range or specific date(s) you interacted with Jeffrey Epstein and/or anyone associated with him?

DATE RANGE: from / /
(MM/DD/YYYY)

to / /
(MM/DD/YYYY)

2. Are you a victim-survivor of sexual abuse and/or trafficking by Jeffrey Epstein and/or anyone associated with him?

Yes: No:

3. To the best of your ability, please describe the circumstances under which you first met Jeffrey Epstein and/or anyone associated with him (including how old you were).

4. What was the location(s) of your encounter(s) with Jeffrey Epstein and/or anyone associated with him? Please state the name and address of the location(s) and the type of location(s). Examples include, but are not limited to, private homes, specific apartments, hotels, restaurants, offices. If you do not recall specific information, please include the country, state, and/or city where the encounter(s) took place.

5. On approximately how many separate occasions were you sexually abused and/or trafficked by Jeffrey Epstein and/or anyone associated with him?

PLEASE DESCRIBE BELOW WHAT HAPPENED DURING YOUR ENCOUNTER(S) WITH JEFFREY EPSTEIN AND/OR ANYONE ASSOCIATED WITH HIM BY ANSWERING THE QUESTIONS BELOW. PLEASE BE AS SPECIFIC AS POSSIBLE.

6. To the best of your ability, please describe the nature and circumstances of the sexual abuse and/or trafficking.

7. Did Jeffrey Epstein and/or anyone associated with him touch his/their own body in any way that made you feel uncomfortable?

Yes: No:

If yes, please describe:

8. Did Jeffrey Epstein and/or anyone associated with him force you, or attempt to force you, including instructing you, to perform oral sex on him/them?

Yes: No:

If yes, please describe:

<p>9. Did Jeffrey Epstein and/or anyone associated with him perform, or attempt to perform, oral sex on you? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please describe:</p>
<p>10. Did Jeffrey Epstein and/or anyone associated with him penetrate, or attempt to penetrate, your vagina or anus? Penetration means insertion into your vagina or anus using one or more fingers, penis, or other objects. Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please describe:</p>
<p>11. Did Jeffrey Epstein and/or anyone associated with him touch your body in any other way that made you feel uncomfortable? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please describe:</p>
<p>12. Before, during or after your encounter(s) with Jeffrey Epstein and/or anyone associated with him, did Jeffrey Epstein and/or anyone associated with him physically restrain you, lock you in a room, block the exit from the room, transport you to a different location and prevent you from leaving, confiscate your travel documents (such as your passport), or otherwise cause you to lose control over your surroundings or whereabouts? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please describe:</p>
<p>13. Before, during or after your encounter(s) with Jeffrey Epstein and/or anyone associated with him, did Jeffrey Epstein and/or anyone associated with him verbally threaten you, including by threatening to harm you or your family, threatening your career, threatening your immigration status, or otherwise make you believe you could be subject to harm if you did not comply with his demands? Threats can include both explicit threats and implied or indirect threats. Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please describe:</p>
<p>14. Did anyone witness the sexual abuse and/or trafficking, circumstances surrounding the abuse and/or trafficking, or any of your interactions with Jeffrey Epstein and/or anyone associated with him? If yes, please provide the name(s) or a description of each witness and date(s) of the incident(s) the person witnessed. All names provided will be kept confidential. The Fund Administrator will not reach out to this person / these people. Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>15. Did you tell anyone about what happened (this includes co-workers, parents, relatives, friends, attorneys, law enforcement authorities, etc.)? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, who did you tell, when did you tell them, and what did you tell them?</p>

PLEASE USE SEPARATE SHEETS OF PAPER IF YOU NEED ADDITIONAL SPACE TO ANSWER THE QUESTIONS OR PROVIDE ADDITIONAL INFORMATION.

SECTION D: IMPACT OF ALLEGED CONDUCT
ALL CLAIMANTS SHOULD COMPLETE THIS SECTION

1. To the best of your ability, please describe the impact (emotional, psychological, physical, financial, etc.) you believe the sexual abuse and/or trafficking by Jeffrey Epstein and/or anyone associated with him has had on you.

2. Did you spend time assisting in the preparation or prosecution of the Litigation; or participating in any other civil litigation or criminal prosecution related to Jeffrey Epstein and/or anyone associated with him?

Yes: No:

If yes, please describe.

3. Did you attempt to contact law enforcement or were otherwise prevented from contacting law enforcement or seeking help by Jeffrey Epstein and/or anyone associated with him?

Yes: No:

If so, please explain the efforts you took to contact law enforcement or seek help and how you were prevented from doing so.

4. Please provide any additional information that you wish to share with the Fund Administrator. You may also schedule a meeting with the Fund Administrator to share more information directly with her. Please provide any additional information you wish to share with the Fund Administrator including any additional information about the harm you suffered because of conduct inflicted by Jeffrey Epstein and/or anyone associated with him if not already described in your prior answers.

SECTION E: TREATMENT AND OUT-OF-POCKET EXPENSES
ALL CLAIMANTS SHOULD COMPLETE THIS SECTION

1. Have you received any treatment or services (medical, counseling, addiction, etc.) related to the sexual abuse and/or trafficking by Jeffrey Epstein and/or anyone associated with him?

Yes: No:

If yes, please describe below. Anyone listed below will not be contacted without your prior permission and the Authorization for Use Disclosure of Protected Health Information is related to medical lien searches and will not be used to contact your healthcare providers.

Single Date(s) (even if approximate):	Name(s) of Professional(s):	Nature of Treatment:
<input type="text"/> (MM/DD/YYYY)	<input type="text"/>	<input type="text"/>

Date Range (even if approximate):	Name(s) of Professional(s):	Nature of Treatment:
From: <input type="text"/> (MM/DD/YYYY)	<input type="text"/>	<input type="text"/>
To: <input type="text"/> (MM/DD/YYYY)		

2. If you have incurred any expenses you attribute to physical injuries or emotional distress caused by your experience(s) with Jeffrey Epstein and/or anyone associated with him, please list such expenses (even if in approximate amounts) and, if available, provide copies of supporting documentation.

You may – but do not have to – attach or submit supporting documentation as part of your claim.

Non-exhaustive examples of documentation may include, but are not limited to: calendar entries, event tickets, diary entries, pay stubs, tax records, emails, text messages, social media messages and posts, letters, memos, personnel records, receipts, account statements, bank or credit card statements, bills, invoices, physician or therapist reports or records, mental health records, affidavits from people close to you or that have treated you, police reports, claims or lawsuits filed with a government agency or tribunal. If you need additional time beyond **June 12, 2026**, to obtain documents from third parties please indicate this and supplement your claim as soon as possible.

SECTION F: RELEASE AND SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

ALL CLAIMANTS MUST COMPLETE THIS SECTION AND SIGN AT THE BOTTOM

On behalf of myself and each of my heirs, agents, executors, trustees, administrators, predecessors, successors and assigns, I submit this Questionnaire and Release under the terms of the Stipulation of Settlement described in the Notice. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Litigation in the Southern District of New York.

RELEASE

1. Upon the Effective Date of the Settlement, I acknowledge full and complete satisfaction of, and fully, finally, and forever settle, release, and discharge from the “Released Plaintiff Claims” all “Released Defendant Parties” as set forth fully in ¶¶ 1.25, 1.27, and Section 4 of the Stipulation of Settlement.
2. “Released Defendant Party” or “Released Defendant Parties” or “BANA Released Party” mean Bank of America, N.A., Merrill Lynch, Pierce, Fenner & Smith, Inc., BofA Securities, Inc., and Bank of America Corporation, together with their respective past and present direct or indirect parents, subsidiaries, corporate affiliates, predecessors, and successors; each of those entities’ respective past or present officers, directors, and agents acting within the scope of their duties on behalf of the foregoing entities; and each of those entities’ respective past or present employees for any act connected in any way to their employment. Nothing contained in this Stipulation of Settlement shall constitute a release of any Class Members’ claims against any natural person who sexually abused them.
3. “Released Plaintiff Party” or “Released Plaintiff Parties” mean (i) any and all Class Members, Participating Claimants, Settlement Class Representative, Class Counsel, and each of their successors, predecessors, and past, present, and future: parent corporations, sister corporations, subsidiaries, and affiliated Persons and (ii) any and all of the foregoing’s respective past, present, or future: principals, assigns, assignors, legatees, devisees, executors, administrators, estates, heirs, spouses, receivers and trustees, settlors, beneficiaries, members, equity holders, officers, directors, partners, managers, employees, servants, agents, insurers, reinsurers, representatives, attorneys, legal representatives, and successors-in-interest. Released Plaintiff Parties does not include any Person who would otherwise be a Member of the Class but who properly exclude(s) themselves by filing a valid and timely Opt-Out Form. For the avoidance of doubt, nothing contained in this Stipulation of Settlement shall constitute a release of any of the Released Defendant Parties’ claims, rights, or causes of action against their insurers and reinsurers.
4. “Released Plaintiffs’ Claims” means any and all claims, rights and causes of action against Released Defendant Parties of every nature and description, duties, obligations, demands, actions, matters, debts, sums of money, suits, contracts, agreements, promises, issues, judgments, losses, damages and liabilities, including both known and Unknown Claims, whether fixed or contingent, mature or not mature, accrued or unaccrued, liquidated or unliquidated, concealed or hidden, suspected or unsuspected, direct or indirect, regardless of legal or equitable theory and whether arising under federal law, state law, statutory law, common law, foreign law, or any other law, rule, or regulation, whether class, representative, and/or individual in nature, against Released Defendant Parties that the Released Plaintiff Parties (a) asserted in the Litigation against the Released Defendant Parties, (b) could have asserted in the Litigation against the Released Defendant Parties, or (c) could assert against the Released Defendant Parties in any other action or forum with respect to Epstein, including but not limited to claims relating to “Epstein-related individuals,” “Epstein-related entities,” or “Epstein-related accounts” as Plaintiffs have defined those terms in this Litigation arising from any act or conduct of a Released Defendant Party or any act or conduct of any other person or entity that can be imputed to a Released Defendant Party. Released

Plaintiffs' Claims include all claims referring or relating in any way to conduct of Released Defendant Parties that pre-dates the Class Period. "Released Plaintiffs' Claims" does not include: (i) any claims of any Person who submits an Opt-Out Form that is accepted by the Court; (ii) claims relating to the enforcement of the Settlement; or (iii) any individual claims against any natural person who is a Released Defendant Party for any alleged sexual assault committed by that natural person against any Member of the Class. For the avoidance of doubt, this Settlement does not release and shall not be construed to release any claims against Jeffrey Epstein, his Estate, or any trustee, successor, or representative of his estate; any Epstein-related individuals specifically identified by name in paragraph 13 of Plaintiff's first set of interrogatories in this Litigation; or any natural person who sexually abused any Class Member. This release is intended to release, to the maximum extent allowable under law, any claims, rights and causes of action against Released Defendant Parties of every nature and description, duties, obligations, demands, actions, matters, debts, sums of money, suits, contracts, agreements, promises, issues, judgments, losses, damages and liabilities, including both known and Unknown Claims, whether fixed or contingent, mature or not mature, accrued or unaccrued, liquidated or unliquidated, concealed or hidden, suspected or unsuspected, direct or indirect, regardless of legal or equitable theory and whether arising under federal law, state law, statutory law, common law, foreign law, or any other law, rule, or regulation, that could be brought to recover damages from the Released Defendant Parties on behalf of a Member of the Class by any other party, including any sovereign or government, relating to or arising from any Member of the Class's harm, injury, abuse, exploitation, or trafficking by Jeffrey Epstein or by any person who is in any way connected to or otherwise associated with Jeffrey Epstein, as well as any right to recovery on account thereof.

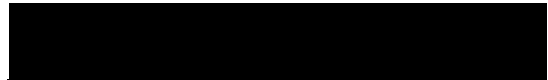
5. I hereby warrant and represent that I have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.
6. By signing below, I declare under penalty of perjury, that: (a) all of the information provided in this Questionnaire and Release, and any attachments, is true and complete to the best of my knowledge; (b) I authorize JND to contact Medicare Parts A and B and Medicaid (based on the state of residence I indicate on this Questionnaire and Release), and I do not object to any resulting disclosures for the purpose of resolving any legally enforceable medical liens that may be owed to the above entities and paid out of any distribution from the Fund that I may receive; (c) I understand that in the event any lien obligations of healthcare insurers or any entities *other than Medicare Parts A and B and/or Medicaid* are owed or arise in connection with any distribution from the Net Settlement Fund that I may receive, it is my sole responsibility to resolve such lien obligations; and (d) I understand that false or misleading information may result in the disallowance of my Allocated Amount.



Signature



Printed Full Name (First, Middle, and Last)



Date (Month/Day/Year)

You may upload this Questionnaire and Release at www.2026SurvivorsBankSettlementFund.com. If you cannot submit your Questionnaire and Release online, please mail it to the Fund Administrator at: Simone K. Lelechuk, Fund Administrator, c/o Frejka PLLC, 415 East 52nd Street, Suite 3 New York, New York 10022.

SECTION G: MEDICAL LIEN SEARCHES

ALL CLASS MEMBERS MUST COMPLETE AND SIGN THIS SECTION

As part of the claims process, the Fund Administrator is responsible for verifying and resolving any medical liens that may be owed to Medicare Parts A and B and Medicaid (by each Class Member's current state of residence) in connection with any payments made to participating Class Members. If the Fund Administrator determines that you owe a medical lien obligation to the above entities, such lien will be deducted and paid out of any amount you may be eligible to receive from the Settlement Fund as required by federal and state laws. The Proof of Representation and Consent and Authorization for Use and Release of Information forms are required for the Fund Administrator to complete the above duties and must be signed for your Questionnaire and Release to be complete. **Please note that any lien obligations *other than* liens of Medicare Parts A and B, Medicare Parts C and D, Medicaid, TRICARE, or the VA are the responsibility of each participating Class Member to resolve.** If you have questions regarding the lien resolution process or would like assistance resolving liens other than Medicare Parts A and B, Medicare Parts C and D, Medicaid, TRICARE, or the VA, please email Lienresolution@jndla.com. The address for the lien resolution in the forms below are for lien resolution purposes and is intentionally different than the general mailing address for the Fund Administrator. Your entire Questionnaire and Release, including the Proof of Representation and Consent and Authorization for Use and Release of Information forms, should be submitted to the Fund Administrator pursuant to the instructions provided in Section G.

SUPPLEMENTAL QUESTIONS RELATED TO LIEN SEARCHES

Please answer the following questions to assist in the lien search and resolution process. Your answers are confidential and will only be shared with the lien resolution company engaged by the Fund Administrator.

1. Have you ever lived in the United States?

Yes No

During the period June 30, 2008 to present, in what State(s) (i.e., Florida, New York, Virgin Islands, etc.) have you lived?

2. Have you received any treatment or services (medical, counseling, addiction, etc.) related to the sexual abuse by Jeffrey Epstein?

Yes No

If the answer to the foregoing question is YES, please indicate which State(s) (i.e., Florida, New York, Virgin Islands, etc.) you received treatment or services:

3. Do you participate or are you eligible for Medicare?

Yes No

4. Do you participate or are you eligible for Medicaid?

Yes No

5. Are you a veteran or member of the United States Armed Forces?

Yes No

PROOF OF REPRESENTATION

The signatory Beneficiary informs the Centers for Medicare & Medicaid (CMS) that they authorize the identified representative to represent them and act on their behalf with respect to any claims for liability insurance, no-fault, or worker’s compensation, including releasing identifiable health information or resolving any potential recovery claim that Medicare may have if there is a settlement, judgment, award, or other payment. The representative agrees to represent the undersigned Beneficiary and has been retained by the Bank Settlement Fund for Survivors 2026.

Representative Type:

- Individual Other Than Attorney
- Attorney
- Guardian*
- Conservator*
- Power of Attorney*

JND Legal Administration
REPRESENTATIVE NAME/COMPANY

PO Box 91351
ADDRESS

Seattle, WA 98101
CITY, STATE, ZIP

206-331-3034
TELEPHONE NUMBER

Claimant Information:

Claimant’s Name (Required):

Claimant’s Medicare Number, if available, or Social Security Number (Required):

Date of Illness/Injury (Required):

Claimant Signature* (Required):

Date Signed (Required):

*If incapacitated or deceased, a legal representative needs to sign and submit documentation.

Representative Signature:

Date:

CONSENT AND AUTHORIZATION FOR USE AND RELEASE OF INFORMATION

I authorize my insurance provider (Medicaid, TRICARE, or Veterans Affairs) to disclose my personal health information to JND Legal Administration. I understand this is voluntary, made to confirm my directions, and has no effect on any benefits to which I may be entitled.

Name (Required) [REDACTED]

Date of Birth (Required) [REDACTED] Date of Injury/Illness (Required) [REDACTED]

Health Insurance Claim Number or SSN (Required) [REDACTED]

Personal Health Information to be Disclosed

This consent authorizes the release and use of information regarding healthcare claims and other information related to my injury and/or illness and the medical care performed or paid for by the lien holder, including, but not limited to: medical records (including electronic), diagnosis and other procedural codes, enrollment status, and payments made. This also applies to access to online websites containing such information. This may include data on certain conditions such as HIV/AIDS, Mental Health and Alcohol and Substance Abuse.

Entity Authorized to Receive and Use

I authorize the disclosure and use of non-public personal health information described above to **JND Legal Administration**, its employees, agents, affiliates, or representatives.

**JND Legal Administration
PO Box 91351
Seattle, WA 98111**

The entity described above is authorized to receive, negotiate and resolve any and all information related to the above-described claim from any healthcare lien holder, contract representative, and/or private plan administrator. I understand that this information may be re-disclosed by them and may no longer be protected by federal or state law.

Revocation Right

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance. I understand that my treatment, payment, enrollment or benefit eligibility may not be conditioned upon signing.

Effective Period

If not previously revoked, this consent/authorization will expire two (2) years after all claims, if any, have been resolved.

I specifically consent to and authorize the disclosure and disclosure described above.

[REDACTED]

Signature of Claimant or Legal Representative (Required)

[REDACTED]

Date (Required)

[REDACTED]

Printed name and/or relationship of legal representative (if you are a representative, please attach a copy of the legal document that verifies that you are a representative)

Privacy Statement

The information to be collected in regard to this consent will be used in furtherance of, and to comply with, Section 1862(b) of the Social Security Act (42 U.S.C. 1395y). This information will be used to determine whether any services received are covered by Medicare or Medicaid, or whether a no-fault, automobile, liability insurer, or any other persons(s) may be responsible for such payment.

A photocopy or facsimile of this form shall be valid and given the same force and effect as the original.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist

1. Fill out the Questionnaire and Release directly on the PDF Questionnaire and Release downloaded at www.2026SurvivorsBankSettlementFund.com.
2. Type your signature three times: (i) at the end of the Questionnaire and Release, (ii) at the end of the Proof of Representation, and (iii) at the end of the Consent to Release.
3. Upload the Questionnaire and Release and attach copies of supporting documentation, if applicable. You can upload online at www.2026SurvivorsBankSettlementFund.com.
4. If you choose to mail your completed Questionnaire and Release and supporting documents, do not send original documents.
5. Save and/or print out a copy of your completed Questionnaire and Release and all supporting documentation for your records.
6. A successful upload of your Questionnaire and Release will generate a reference number. Your Questionnaire and Release is not deemed submitted until you receive this acknowledgement notice. If you do not receive an acknowledgement notice after uploading your Questionnaire and Release, please email the Fund Administrator, at Claims@2026SurvivorsBankSettlementFund.com.
7. If you move, please send your new address to the Fund Administrator at Claims@2026SurvivorsBankSettlementFund.com.

Deadlines Reminder

- You must upload online your completed and signed Questionnaire and Release by no later than **11:59 PM EDT on June 12, 2026**. Alternatively, you may mail your completed and signed Questionnaire and Release to the Fund Administrator **postmarked on or before June 12, 2026** to Simone K. Lechuk, Fund Administrator, c/o Frejka PLLC, 415 East 52nd Street, Suite 3 New York, New York 10022.
- Your Opt-Out Form must be **mailed to the Fund Administrator so as to be postmarked no later than May 13, 2026**.