Must be received online or postmarked by no later than 11:59 PM EST on November 23, 2026

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Ward v. Indyke, et al.,
Case No.: 1:24-cv-01204-AS

QUESTIONNAIRE AND RELEASE

GENERAL INSTRUCTIONS

Certain deadlines, including the last day to submit a Questionnaire and Release, have been extended by the Court to November 23, 2026 at 11:59 PM EST. If you previously submitted a Questionnaire and Release, there is nothing you need to do at this time.

To participate in the class action settlement (the "Settlement") based on your claims in the action entitled *Allyson Ward v. Darren K. Indyke, et al.,* Case No.: 1:24-cv-01204-AS (the "Litigation"), you must complete the Questionnaire and Release[1] 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 EST on November 23, 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 Russian, and French language versions of this form that can be found by visiting www.SDNYSettlementFund2026.com. If you need this Questionnaire and Release in a language other than English, Russian, or French, please contact the Fund Administrator as set forth below.

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. Your identity will be kept confidential by the Fund Administrator. The claims website where you have the option to 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 or EpsteinSettlement@bsfllp.com. Sigrid McCawley has been trained in assisting survivors of sexual trauma, and she is well versed in the general nature of this matter. Ms. McCawley's team at Boies Schiller Flexner LLP can help

[1] All capitalized terms not otherwise defined herein have the meanings set forth in the Settlement Agreement dated February 19, 2026. To the extent there is any conflict between the definitions of capitalized terms in this Questionnaire and Release and the Settlement Agreement, the definition in the Settlement Agreement controls. A copy of the Settlement Agreement is available by contacting the Fund Administrator or by visiting the website www.SDNYSettlementFund2026.com, as more fully set forth in the Notice.

you fill out the Questionnaire and Release or answer general questions about this ongoing process. Ms. McCawley and her team 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 Elise Frejka, counsel for the Fund Administrator, at (212) 641-0800 or (efrejka@frejka.com), and she will further direct you to Class Counsel. If you are more comfortable contacting JND Legal Administration ("JND"), the notice and administration agent, directly, please contact JND by: (1) emailing your inquiry to claims@SDNYSettlementFund2026.com, or (2) visiting the case website at www.SDNYSettlementFund2026.com. Please note that neither Elise Frejka nor JND representatives are 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.

Please do your best to provide a substantive answer to any question presented within the space provided rather than directing the Fund Administrator to a supplement or other supporting documentation. 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 Lelchuk, the Fund Administrator. Ms. Lelchuk, at her sole discretion, may arrange this meeting in response to your request. During this meeting you may share additional information with Ms. Lelchuk that you think will help her in making her determination. Additionally, Ms. Lelchuk may request a 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. Lelchuk may make this request of certain Class Members, it is not a mandatory part of this process and if you decline Ms. Lelchuk'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. Lelchuk is welcome to have her attorney attend the meeting as well. You can read about Ms. Lelchuk's background on this website – www.simonelelchuk.com. Ms. Lelchuk 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 from the public. 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 by First-Class mail to the Fund Administrator, saying that you want to be excluded from the Class in this Litigation with your name, address, and telephone number (the "Opt-Out Letter"). Your Opt-Out Letter must be postmarked by no later than **11:59PM EST on November 23, 2026,** to opt-out, or be excluded, from the Settlement.

If you fail to timely submit an Opt-Out Letter 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.SDNYSETTLEMENTFUND2026.COM OR MAIL AN OPT-OUT LETTER 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 MAIL A VALID AND TIMELY OPT-OUT LETTER.**

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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 EST on November 23, 2026**.
- You do not need to complete your Questionnaire and Release in one session. The Questionnaire and Release may be downloaded at www.SDNYSettlementFund2026.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 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 Veterans 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 30), at the end of the Proof of Representation (page 32), and at the end of the Consent and Authorization for Use and Release of Information (page 33). 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 her counsel, 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 EST on November 23, 2026**. This feature is available on the dashboard of www.SDNYSettlementFund2026.com under the Upload Supporting Documentation tab on the top left. 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's counsel, Elise Frejka at efrejka@frejka.com or (212) 641-0800.

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	_____ Month	_____ Day	_____ Year
4. SOCIAL SECURITY NUMBER, TAXPAYER ID OR FOREIGN ID NUMBER (IF NOT A U.S. CITIZEN):	|___|___|___| - |___|___| - |___|___|___|___| **or** _____ Your social security number will only be used to verify whether any medical liens are owed to Medicare Parts A and B Medicaid, and Tricare.		
5. CURRENT MAILING ADDRESS:	Street Address (including apartment/unit number, if applicable)		
	City		
	State/Province		
	Postal Code	Country	
6. TELEPHONE NUMBER:	(|___|___|___|___|) – (|___|___|___|) – |___|___|___| – |___|___|___|___| Country Code (if Outside the United States) Area Code Number		
7. EMAIL ADDRESS:			
8. ARE YOU REPRESENTED BY COUNSEL?	Yes: ☐ No: ☐ If you answered "No," and would like to be connected with Class Counsel please contact Sigrid McCawley's team at (212) 446-2300 or EpsteinSettlement@bsfllp.com.		
9. PHONE AND EMAIL COMMUNICATION:	If you are not represented by counsel, may the Fund Administrator, and her counsel, leave voicemails for you regarding your claim? Yes: ☐ No: ☐ If you are not represented by counsel, may the Fund Administrator, and her counsel, send confidential information to you by email? Yes: ☐ No: ☐		

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10. IS ENGLISH YOUR PREFERRED LANGUAGE?	Yes: ☐ No: ☐ If you answered "No," what is your preferred language, and will you require an interpreter? _____
11. HAVE YOU EVER FILED FOR BANKRUPTCY?	Yes: ☐ No: ☐ If you answered "YES," please provide the case number and location of the filing. _____
12. ARE YOU A VICTIM-SURVIVOR OF SEXUAL ABUSE AND/OR TRAFFICKING BY JEFFREY EPSTEIN AND/OR ANYONE ASSOCIATED WITH HIM?	
13. HOW OLD WERE YOU WHEN YOU INTERACTED WITH JEFFREY EPSTEIN AND/OR ANYONE ASSOCIATED WITH HIM?	
14. 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)

15. 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, PLEASE CHECK YES.	Yes: ☐ No: ☐ If yes, what was the outcome of that settlement or litigation? If you applied to the Epstein's Victim Compensation Program ("EVCP"), please check yes and please include with your completed Questionnaire and Release any documentation submitted to the EVCP. Please attach a copy of any documentation related to this litigation or upload it with your Questionnaire and Release at www.SDNYSettlementFund2026.com. These documents may be provided to the Fund Administrator even if your documents contain a confidentiality or non-disclosure provision.
16. DID YOU PREVIOUSLY SIGN AN AGREEMENT TO SETTLE ANY CLAIMS RELATING TO JEFFREY EPSTEIN AND/OR ANYONE ASSOCIATED WITH HIM?	Yes: ☐ No: ☐ If yes, what was the date of the agreement: __/__/____ (MM/DD/YYYY) Please attach a copy of any documentation related to this litigation or upload it with your Questionnaire and Release at www.SDNYSettlementFund2026.com. These documents may be provided to the Fund Administrator even if your documents contain a confidentiality or non-disclosure provision.

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 want one, you may contact Class Counsel. Please contact Sigrid McCawley's team at (212) 446-2300 or EpsteinSettlement@bsfllp.com.

If you engage counsel at any point during the claims process, please update your information by emailing the Fund Administrator's counsel, Elise Frejka at efrejka@frejka.com or emailing JND at claims@SDNYSettlementFund2026.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. DATE RANGE: from |___|___|/|___|___|/|___|___|___|___|
(MM/DD/YYYY)

to |___|___|/|___|___|/|___|___|___|___|
(MM/DD/YYYY)

2. 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, 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.

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.

3. Was Jeffrey Epstein and/or anyone associated with him undressed at the outset of your encounter(s) or did he/they disrobe, whether partially or fully, during this(ese) encounter(s)?

   Please describe:

4. Did Jeffrey Epstein and/or anyone associated with him ask or tell you to undress during this(ese) encounter(s)?

Yes: ☐ No: ☐

If yes, please describe:

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5. 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:

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6. 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:

7. Did Jeffrey Epstein and/or anyone associated with him perform, or attempt to perform, oral sex on you?

Yes: ☐ No: ☐

If yes, please describe:

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8. 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: ☐ No: ☐

If yes, please describe:

9. Did Jeffrey Epstein and/or anyone associated with him touch your body in any other way that made you feel uncomfortable?

Yes: ☐ No: ☐

If yes, please describe:

10. 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: ☐ No: ☐

If yes, please describe:

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11. 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, or threatening your immigration status? Threats can include both explicit threats and implied or indirect threats.

Yes: ☐ No: ☐

If yes, please describe:

12. 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: ☐ No: ☐

13. Did you tell anyone about what happened (this includes co-workers, parents, relatives, friends, attorneys, law enforcement authorities, etc.)?

Yes: ☐ No: ☐

If yes, who did you tell, when did you tell them, and what did you tell them? The Fund Administrator will not reach out to this person / these people.

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, medical, 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?

3. Did you attempt to contact law enforcement or were otherwise prevented from contacting law enforcement or seeking help by Jeffery Epstein and/or anyone associated with him? If so, please explain the efforts you took to contact law enforcement or seek help and how you were prevented from doing so.

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4. 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 Jeffery Epstein and/or anyone associated with him if not already described in your prior answers. You may also schedule a meeting with the Fund Administrator to share more information directly with her.

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:
__/__/____ (MM/DD/YYYY)		
__/__/____ (MM/DD/YYYY)		
__/__/____ (MM/DD/YYYY)		
__/__/____ (MM/DD/YYYY)		
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__/__/____ (MM/DD/YYYY)		
__/__/____ (MM/DD/YYYY)		
__/__/____ (MM/DD/YYYY)		

Date Range (even if approximate):	Name(s) of Professional(s):	Nature of Treatment:
From: __/__/____ (MM/DD/YYYY) To: __/__/____ (MM/DD/YYYY)		

QUESTIONS? CALL (212) 641-0800 OR VISIT WWW.SDNYSETTLEMENTFUND2026.COM

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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: photos, 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 **November 23, 2026**, to obtain documents from third parties please indicate this and supplement your claim as soon as possible but make sure to submit your Questionnaire and Release by the November 23, 2026 deadline.

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 Settlement Agreement 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 ¶¶ 1.27, 1.29, and Section 5 of the Settlement Agreement.

2. "Released Defendant Party" or "Released Defendant Parties" mean Darren K. Indyke and Richard D. Kahn, in all capacities, including as Co-Executors of the Estate of Jeffrey E. Epstein and as Co-Trustees of The 1953 Trust; Jeffrey Epstein and the Epstein Estate; The 1953 Trust and other trusts for which Epstein was the settlor or grantor; any entities owned or controlled in whole or part by Epstein or the Epstein Estate (the "Epstein Entities"); Epstein's and the Epstein Entities' respective current and former principals, officers, directors, stockholders, managers, members, partners, limited partners, trustees, administrators, agents, employees, private investigators, attorneys, accountants, law firms, accounting firms, predecessors, successors, assigns and affiliates; and, to the extent not otherwise covered and for the avoidance of doubt, HBRK Associates Inc., Coatue Enterprises, LLC, Darren K. Indyke, PLLC, Birchtree BR, LLC, the Indyke Law Firm, PLLC, Harlequin Dane, LLC, Michelle's Transportation, LLC, New York Strategy Group, LLC, Defendants' Counsel, and any of their Related Parties. For avoidance of doubt, the Released Defendant Parties expressly do not include corporations or businesses that Mr. Epstein (or an entity he controlled) did not hold more than a 25% ownership interest at any time during his life other than the corporations or businesses specifically listed above; banks, financial institutions, credit facilities, or private equity firms; educational institutions or entities; non-profit institutions that Mr. Epstein did not found; or public institutions or government entities. Nothing contained in this Settlement Agreement shall constitute a release of any Class Member's claims against any natural person who sexually abused them.

3. "Released Plaintiff Party" or "Released Plaintiff Parties" mean each and every Class Member, Eligible Class Member, Settlement Class Representative, Named Plaintiff, Class Counsel, and each of their Related Parties. Released Plaintiff Parties do not include any Person who or which would otherwise be a Class Member but who or which properly exclude(s) themselves or itself by filing a valid and timely request for exclusion.

4. "Released Plaintiffs' Claims" means any and all claims, rights and causes of action against Released Defendants 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, even if revived at some later date, whether class, representative, and/or individual in nature, that the Released Plaintiff Parties

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(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 have asserted in any other action or forum against the Released Defendant Parties. "Released Plaintiffs' Claims" does not include: (i) any claims of any Person who or which submits a request for exclusion that is accepted by the Court; or (ii) claims to enforce the Settlement.

5. "Unknown Claims" means (a) any and all Released Plaintiffs' Claims against only Released Defendant Parties that any of the Released Plaintiff Parties do not know or suspect to exist in his, her, or its favor at the time of the release of the Released Defendant Parties, even if such claims were later revived, which, if known by him, her, or it, might have affected his, her, or its settlement with and release of the Released Defendant Parties, or might have affected his, her, or its decision(s) with respect to the Settlement, including, but not limited to, whether or not to object to this Settlement; and (b) any and all Released Defendants' Claims that any of the Released Defendant Parties do not know or suspect to exist in his, her, or its favor at the time of the release of Released Plaintiff Parties, even if such claims were later revived, which, if known by him, her, or it, might have affected his, her, or its settlement with and release of the Released Plaintiff Parties. With respect to (a) any and all Released Plaintiffs' Claims, and (b) any and all Released Defendants' Claims, the Parties stipulate and agree that, upon the Effective Date, the Parties shall expressly waive, and each Released Plaintiff Party and Released Defendant Party shall be deemed to have, and by operation of the Judgment shall have, expressly waived the provisions, rights, and benefits of California Civil Code § 1542, which provides:

> **A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.**

The Parties shall expressly waive, and each Released Plaintiff Party and Released Defendant Party shall be deemed to have, and by operation of the Judgment shall have, expressly waived any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to California Civil Code § 1542. The Released Plaintiff Parties and Released Defendant Parties acknowledge that they may hereafter discover facts, legal theories, or authorities in addition to or different from those which he, she, it or they now know or believe to be true with respect to the subject matter of the Released Claims, but (a) the Released Plaintiff Parties shall expressly fully, finally, and forever waive, compromise, settle, discharge, extinguish, and release, and each Released Plaintiff Party shall be deemed to have waived, compromised, settled, discharged, extinguished, and released, and, upon the Effective Date, and by operation of the Judgment, shall be deemed to have waived, compromised, settled, discharged, extinguished, and released, fully, finally, and forever, any and all Released Plaintiffs' Claims, known or unknown, suspected or unsuspected, contingent or non-contingent, accrued or unaccrued, whether or not concealed or hidden, or later revived, which now exist, or heretofore have existed, or may hereafter exist, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law, or rule, without regard to the subsequent discovery or existence of such different or additional facts, legal theories, or authorities, and (b) the Released Defendant Parties shall expressly fully, finally, and forever waive, compromise, settle, discharge, extinguish and release, and, upon the Effective Date, and by operation of the Judgment, shall have waived, compromised, settled, discharged, extinguished, and released, fully, finally, and forever, any and all Released Defendants' Claims against Released Plaintiff Parties, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, or later revived, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law

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or rule, without regard to the subsequent discovery or existence of such different or additional facts, legal theories, or authorities. The Parties acknowledge, and the Released Plaintiff Parties and Released Defendant Parties shall be deemed by operation of the Judgment to have acknowledged, that the foregoing waiver was separately bargained for and is an essential element of the Settlement of which this release is a part.

6. 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.

7. 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, Medicare Parts D and C, Medicaid (by each Class Member's current state of residence), TRICARE, or the VA (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, Medicare Parts D and C, Medicaid (by each Class Member's current state of residence), TRICARE, or the VA *aid* 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	Date (Month/Day/Year)
Printed Full Name (First, Middle, and Last)	

You may upload this Questionnaire and Release at www.SDNYSettlementFund2026.com. If you cannot submit your Questionnaire and Release online, please mail it to the Fund Administrator at: Simone K. Lelchuk, 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, Medicare Parts D and C, Medicaid (by each Class Member's current state of residence), TRICARE, or the VA 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 your Allocated Amount, if any, 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 JND at claims@SDNYSettlementFund2026.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 General Instructions.

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 Claims Administrator.

1. Have you ever lived in the United States?

   Yes ☐ No ☐

   During the period January 1, 1995 to present, in what State(s) (e.g., 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) (e.g., 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 SDNY Settlement Fund 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 98111
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 (Month/Day/Year) (Required):	

Claimant Signature* (Required): Date Signed (Required):

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

Representative Signature: _____ On behalf of JND _____

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) _____

Date of Birth (Required) _____ Date of Injury (Month/Day/Year) (Required) _____

Health Insurance Claim Number or SSN (Required) _____

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.

_____ _____

Signature of Claimant or Legal Representative (Required) **Date (Required)**

_____

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.SDNYSettlementFund2026.com.

2. Type your signature three times: (i) at the end of the Questionnaire and Release (page 30), (ii) at the end of the Proof of Representation (page 32), and (iii) at the end of the Consent to Release (page 33). The fields requiring a signature are in yellow as a reminder to complete.

3. Upload the Questionnaire and Release and attach copies of supporting documentation, if applicable. You can upload online at www.SDNYSettlementFund2026.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's counsel, Elise Frejka, at EFrejka@frejka.com, or call her at (212) 641-0800.

7. If you move, please send your new address to the Fund Administrator's counsel at EFrejka@frejka.com.

Online Questionnaire and Release Instructions:

1. Before you proceed to access the secure online Questionnaire and Release Form, please download and save a copy of the PDF Questionnaire and Release Form. An English-, Russian-, and French-language version can be downloaded at www.SDNYSettlementFund2026.com.

2. On the copy of the Questionnaire and Release Form saved to your device, please review the entire Form. If you have any questions, the Fund Administrator can reached at claims@SDNYSettlementFund2026.com, or through her Counsel at EFrejka@Frejka.com.

3. After you have reviewed the copy of the Questionnaire and Release Form saved to your device, please complete the entire form. You do not need to complete your Questionnaire and Release form in one session and may save your progress as you complete the Form. Your signature will need to be provided at the end of Section F and Section G. **All requested signatures need to be provided to submit a valid, timely claim.**

4. Once you have completed your signed and completed Questionnaire and Release Form, a copy of the Form may be submitted to the Fund Administrator online through the secure Submit Questionnaire and Release page on www.SDNYSettlementFund2026.com.

5. When you navigate to the Submit Questionnaire and Release page at www.SDNYSettlementFund2026.com, please review all instructions and notices. When you are ready, please select the "Begin the Online Questionnaire and Release" link to access the secure online upload portal.

6. When the secure online upload portal loads, you will encounter a landing page reminding you to submit your Questionnaire and Release, and any other supporting documentation, before November 23, 2026 11:59PM EST. Please make note of this deadline. When you are ready, select the "Next" button at the bottom of screen.

7. After you select the "Next," the Document Upload screen will load. Here, you can select the "Choose File" button to locate the completed and signed copy of your Questionnaire and Release Form saved on your device. Once you have selected the Questionnaire and Release file, please select the green "Upload" button. The Document Upload screen will update to reflect your Questionnaire and Release Form has been queued. You may repeat this process any number of times as needed to queue all of your supporting documentation.

8. Once all of your files have been queued, please select the green "Submit" at the bottom of your device's screen.

9. Upon successful submission, a Success Page will load, which includes a summary of all documents uploaded through the secure online upload portal and your Reference Number. **Please make note of your Reference Number, as it assists the Fund Administrator in further communications about your Questionnaire and Release Form**. If you have any questions, the Fund Administrator can be reached at claims@SDNYSettlementFund2026.com, or through her Counsel at Efrejka@Frejka.com.

Deadlines Reminder

- You must upload online your completed and signed Questionnaire and Release by no later than **11:59 PM EST on November 23, 2026 at** www.SDNYSettlementFund2026.com. Alternatively, you may mail your completed and signed Questionnaire and Release to the Fund Administrator postmarked on or before November 23, 2026 to Simone Lelchuk, Fund Administrator, c/o Frejka PLLC, 415 East 52nd Street | Suite 3, New York, NY 10022.

- You must upload online your completed and signed Opt-Out Letter by no later than **11:59 PM EST on November 23, 2026**.