J.B. HUNT BIPA SETTLEMENT CLAIM FORM

Please carefully read the Notice, which is included with this Claim Form. If you wish to receive a settlement payment, you **must** take all of the following steps: (1) complete all sections of this Claim Form; (2) sign and date this Claim Form below; and (3) timely submit this Claim Form to the Settlement Administrator. THIS CLAIM FORM MUST BE POSTMARKED BY **DECEMBER 8, 2025**. YOUR FAILURE TO SUBMIT A TIMELY CLAIM FORM WILL RESULT IN YOU FORFEITING ANY PAYMENT AND/OR BENEFITS TO WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

Name (First Last): _____

Current Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Contact Phone #: (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___ (You may be contacted if further information is required.)

By signing below, you affirm that you are a member of the Settlement Class, and that, under penalty of perjury, all information you provided in this Claim Form is true and correct to the best of your knowledge.

Signature: _____

Date: ____ ___/ ___ ____/ ___ ____

The Settlement Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be mailed a check for your Settlement Payment. This process takes time. Please be patient.

Visit www.jbhuntbipasettlement.com **or call (844) 496-1077**