

**UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
Charlottesville Division**

JANICE A. MOORE, ON BEHALF OF HERSELF
AND A CLASS OF ALL SIMILARLY SITUATED
PARTICIPANTS IN THE VIRGINIA
COMMUNITY BANKSHARES, INC. EMPLOYEE
STOCK OWNERSHIP PLAN,

Plaintiff,

v.

BLUE RIDGE BANKSHARES, INC.,
SUCCESSOR BY MERGER OF
VIRGINIA COMMUNITY BANK, *et al.*,

Defendants.

Case No. 3:19-cv-00045

SETTLEMENT ELECTION FORM

Our records indicate you are a former participant in the Virginia Community Bankshares, Inc. Employee Stock Ownership Plan (the “Plan”) and Class Member¹ in the proposed Settlement in the lawsuit styled *Janice A. Moore, on behalf of herself and a class of all similarly situated participants in the Virginia Community Bankshares, Inc. Employee Stock Ownership Plan v. Blue Ridge Bankshares, Inc., Successor by Merger of Virginia Community Bankshares, Inc., et al.*, Case No. 3:19-cv-00045, currently pending in the United States District Court for the Western District of Virginia. Failure to complete and submit this election form by June 4, 2024, will mean you forfeit the right to elect to have your settlement funds paid into any Individual Retirement Account and you will instead receive your settlement payment via check less applicable withholdings. Please visit www.ilymgroup.com/blueridgebankshares or contact Zev Antell of Butler Curwood, PLC at (804) 648-4848 (zev@butlercurwood.com) if you have any questions about the Settlement or this election form. Do NOT contact Blue Ridge Bankshares, any other Defendant, or their counsel as they cannot answer your questions.

In order to make an election this form must be received by the Settlement Administrator, ILYM Group, Inc., by June 4, 2024.

P.O. Box 2031
Tustin, CA 92781

¹ All capitalized terms in this document have the same meaning ascribed to them in the Settlement Agreement filed in *Janice A. Moore, on behalf of herself and a class of all similarly situated participants in the Virginia Community Bankshares, Inc. Employee Stock Ownership Plan v. Blue Ridge Bankshares, Inc., Successor by Merger of Virginia Community Bankshares, Inc., et al.*, Case No. 3:19-cv-00045-RSB-JCH. The Settlement Agreement can be found at www.ilymgroup.com/blueridgebankshares.

Payment Election of [Doe, John] (choose only one)

- ☐ I WANT A CHECK MADE PAYABLE TO ME AND MAILED TO ME. Choosing this option entails the Settlement Administrator withholding 20% or more of your total payment for tax withholdings. The Settlement Administrator will mail your check to the Name and Address listed above.

OR

- ☐ I WANT A CHECK MADE PAYABLE TO MY RETIREMENT ACCOUNT AS A ROLLOVER DISTRIBUTION. PLEASE MAKE THE CHECK PAYABLE TO:

Account Name	
Account Number	
Contact or Trustee (if required)	
Address Line 1	
Address Line 2	
City, State, Zip	

NOTE: There is no promise or assurance that these funds are eligible for rollover or tax- preferred treatment. The decision to seek rollover treatment is yours alone. Any questions about taxation or rollover treatment must be directed to your tax advisor or accountant. No one associated with this case can provide you with assistance or advice of any kind in this regard or answer any tax questions.

Required Certification Regarding Qualified Domestic Relations Order (“ODRO”): I hereby certify and represent under penalty of perjury that no portion of the payment to be received hereunder is subject to a QDRO, or, that a true and accurate and current copy of any applicable QDRO is attached hereto along with name and address of any payee other than Class Member. Payment will be made in accordance with any QDRO supplied.

Signature (Required): _____ **Date:** _____

Deceased Class Members

Deceased Class Members are not eligible for rollover treatment. A beneficiary of a deceased person who was a participant in the Plan at any time during the Class Period, including executors, heirs, assigns, estates, personal representatives or successors-in-interest, must provide the following information with this Claim Form to P.O. Box 2031, Tustin, CA 92781:

- Evidence that such person is authorized to receive distribution of the deceased Class Member’s settlement payment and the name and, if applicable, the percentage entitlement of each person entitled to receive distribution;
- Social Security Number of each person entitled to receive payment;

- Current mailing address of each person entitled to receive payment; and
- Person(s) to whom check(s) should be made payable, and amount(s) of check(s).

Beneficiary Information (ONLY PROVIDE IF THIS PERSON SHOULD RECEIVE PAYMENT INSTEAD OF THE PARTICIPANT)

Your Name		
Address		
Address 2		
City	State	Zip
Your Social Security Number	Phone (Preferred)	Phone (Alternate)
Your Date of Birth		
Email Address		