Exhibit D

EXHIBIT A-1

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Your completed claim must be received online or by mail by:
Month XX, 202X

FORMER PARTICIPANT CLAIM FORM

Hall, et al. v. SEI Investments Company, et al.
No. 2:25-cv-07341-JDW
United States District Court for the Eastern District of Pennsylvania

GENERAL INSTRUCTIONS

This Former Participant Claim Form is only for Class Members who are Former Participants, or Beneficiaries or Alternate Payees who did not have their own Active Account in the Plan as of [Preliminary Approval date]. An Active Account is an individual investment account with a balance greater than $0.00. A **Former Participant** is a Class Member who does not have an Active Account as of [Preliminary Approval date]. A **Beneficiary** is any individual, trust, estate, or other recipient entitled to receive a benefit under the SEI Capital Accumulation Plan (the "Plan") because of a deceased Current Participant's or Former Participant's interest in the Plan, other than an Alternate Payee. An **Alternate Payee** is a Person other than a Current Participant, Former Participant, or Beneficiary in the Plan who is entitled to a benefit under the Plan as a result of a Qualified Domestic Relations Order ("QDRO"). If you are required to submit this Claim Form, you must decide whether you want your settlement payment (1) sent payable to you directly by check or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). If you had an Active Account as of [Preliminary Approval date] but closed it afterward, you do not need to submit this Claim Form to receive your settlement payment.

To receive a settlement payment, the Settlement Administrator must receive your completed Claim Form by Month XX, 202X.

Claim Forms may be submitted online at **www.[website].com** or by mail at the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any necessary supporting documentation, by U.S. Mail, allowing sufficient time for receipt by the deadline above, to the Settlement Administrator at:

Hall, et al. v. SEI Investments Company, et al.
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

Former Participants who do not complete and timely submit a Claim Form will not receive a settlement payment. Please review the instructions and reminders carefully. If you have questions regarding this Claim Form, you may contact the Settlement Administrator at www.[website].com using the "Contact Us" form or by calling (XXX) XXX-XXXX.

Reminders:

- You must include your date of birth and Social Security Number (see Section I).
- To do a rollover, you must fully complete the rollover information in Section III. If you do not select a rollover option, the settlement payment will be sent to you directly by check.
- You must provide your signature, the date, and a completed Substitute IRS Form W-9 (see Section IV).
- To update or change your address after sending in your Claim Form, please contact the Settlement Administrator at www.[website].com using the "Contact Us" form or by calling (XXX) XXX-XXXX. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Settlement payments to eligible Class Members will be calculated according to the Plan of Allocation (available at www.[website].com) and distributed after the Court grants final approval to the Settlement. If the Court approves the Settlement, there may be appeals. It is always uncertain whether appeals will be filed and, if so, how long it will take to resolve them. Please be patient. If the total amount of valid claims exceeds the amount of funds available, settlement payment amounts will be reduced *pro rata* (proportionally) based on the Plan of Allocation.
- If you submit a valid claim and your settlement payment is initially calculated at $10.00 or less, it will be increased to $10.00, subject to any proportional reduction required by the Plan of Allocation.
- The Settlement Administrator will provide instructions regarding completing this Claim Form only and will not provide financial, tax, or other advice concerning the Settlement. You may want to consult with your financial or

tax advisor. More information, including the status of the approval of the Settlement, is available on the Settlement Website, www.[website].com.

I. PARTICIPANT INFORMATION

If you are the Former Participant, provide your information below. If you are filing as a Beneficiary or Alternate Payee, provide the Plan participant's information below, to the extent known, and your own information in Section II. You must notify the Settlement Administrator if your contact information changes after submission.

_____ _____ _____
First Name **M.I.** **Last Name**

_____
Address 1

_____
Address 2

_____ ___ ___ ___ ___ ___ ___ ___
City **State** **Zip Code**

Telephone Number: (___ ___ ___) ___ ___ ___ — ___ ___ ___ ___

___ ___ ___ — ___ ___ — ___ ___ ___ ___ ___ ___ / ___ ___ / ___ ___ ___ ___
Social Security Number **Date of Birth (MM/DD/YYYY)**

Email Address: _____

Class Member ID (if known): ___ ___ ___ ___ ___ ___ ___ ___

II. BENEFICIARY OR ALTERNATE PAYEE INFORMATION *(IF APPLICABLE)*

If applicable, check the appropriate box and provide the Beneficiary's or Alternate Payee's information below. For a trust, estate, or other entity, enter its legal name on the name line, its taxpayer identification number on the Social Security Number line, and leave the date-of-birth field blank. Complete Sections III and IV for the person or entity entitled to payment.

☐ I am the surviving spouse or other Beneficiary of the deceased Plan participant, or an authorized representative of that Beneficiary. Provide documentation establishing the Beneficiary's entitlement to payment and, if signing as a representative, your authority to act for the Beneficiary.

☐ I am an Alternate Payee under a Qualified Domestic Relations Order (QDRO).

_____ _____ _____
First Name **M.I.** **Last Name**

_____
Address 1

_____
Address 2

_____ ___ ___ ___ ___ ___ ___ ___
City **State** **Zip Code**

___ ___ ___ — ___ ___ — ___ ___ ___ ___ ___ ___ / ___ ___ / ___ ___ ___ ___

Social Security Number **Date of Birth (MM/DD/YYYY)**

Email Address: _____

III. PAYMENT ELECTION

Select either payment by check or one rollover option. A rollover is available only if you and the payment are eligible under applicable tax law and the receiving plan or IRA accepts the rollover. If you are a Beneficiary or Alternate Payee, contact the Settlement Administrator before selecting a rollover because special eligibility rules apply.

☐ **Payment to Self**: A check subject to mandatory federal and applicable state withholding tax will be mailed to the address you provided above.

☐ **Direct Rollover to an Eligible Plan**: Check only one box below and complete the Rollover Information Section.

☐ Government 457(b) ☐ 401(a)/401(k) ☐ 403(b)

☐ Direct Rollover to a Traditional IRA ☐ Direct Rollover to a Roth IRA (subject to ordinary income tax)

ROLLOVER INFORMATION:

_____

Company or Trustee's Name

_____

Mailing Address 1

_____

Mailing Address 2

_____ ___ ___ ___ ___ ___ ___ ___

City **State** **Zip Code**

Your Account Number: _____

Telephone Number: (___ ___ ___ **)** ___ ___ ___ — ___ ___ ___ ___

IV. SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9

UNDER PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORMER PARTICIPANT CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT CLAIM FORM.

1. The Social Security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. Person (including a U.S. resident alien).

_____ ___ ___ / ___ ___ / ___ ___ ___ ___

Signature Date (MM/DD/YYYY)

_____

Print Name