

EXHIBIT 3

Karpik v. Huntington Bancshares Inc.
Settlement Administrator
P.O. Box 2010
Chanhassen, MN 55317-2010
www.huntingtonERISAsettlement.com

ROLLOVER FORM

ABC1234567890

Claim Number: 1111111



JOHN Q CLASSMEMBER
123 MAIN ST
APT 1
ANYTOWN, ST 12345

This Rollover Form is **ONLY** for Class Members who are **Former Participants** of the Huntington 401(k) Plan (formerly known as the Huntington Investment and Tax Savings Plan), or the beneficiaries or alternate payees of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Settlement Class Member who does not have a Plan account with a positive balance as of October 14, 2020.

Former Participants that would like to elect to receive their settlement payment through a rollover to a qualified retirement account must complete, sign, and mail this form with a postmark on or before **January 30, 2021**. Please review the instructions below carefully. Former Participants who do not complete and timely return this form will receive their settlement payment by a check made directly to them. If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:

www.huntingtonERISAsettlement.com or call 1-833-710-1515

PART 1: INSTRUCTIONS FOR COMPLETING ROLLOVER FORM

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, complete this Rollover Form. You should also keep a copy of all pages of your Rollover Form, including the first page with the address label, for your records.
2. **Mail your completed Rollover Form postmarked on or before January 30, 2021 to the Settlement Administrator at the following address:**

**Karpik v. Huntington Bancshares Inc.
Settlement Administrator
P.O. Box 2010
Chanhassen, MN 55317-2010**

It is your responsibility to ensure the Settlement Administrator has timely received your Rollover Form.

3. Other Reminders:
 - You must provide date of birth, signature, and a completed Substitute IRS Form W-9, which is included as part 5 to this form.
 - If you desire to do a rollover and you fail to complete all of the rollover information in Part 4, below, payment will be made to you by check.
 - If you change your address after sending in your Rollover Form, please provide your new address to the Settlement Administrator.
 - **Timing of Payments to Eligible Class Members.** The timing of the distribution of the Settlement payments are conditioned on several matters, including the Court's final approval of the Settlement and any approval becoming final and no longer subject to any appeals in any court. An appeal of the final approval order may take many months or even years. If the Settlement is approved by the Court, and there are no appeals, the Settlement distribution likely will occur within six months of the Court's Final Approval Order.
4. **Questions?** If you have any questions about this Rollover Form, please call the Settlement Administrator at 1-833-710-1515. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement or the rollover. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement and the Settlement administration is available on the settlement website, www.huntingtonERISAsettlement.com.

[ROLLOVER FORM CONTINUES ON THE NEXT PAGE]

PART 4: PAYMENT ELECTION

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

- 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 (*to whom the check should be made payable*)

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City

State Zip Code

Your Account Number

Company or Trustee's Phone Number

PART 5: 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 ROLLOVER FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS ROLLOVER 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).

Participant Signature (*Required*)

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Date Signed (*Required*)

Note: If you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

QUESTIONS? VISIT: WWW.HUNTINGTONERISASETTLEMENT.COM, OR CALL 1-833-710-1515