

REQUEST TO OPT OUT OF THE SETTLEMENT CLASS

IF YOU WANT TO REMAIN IN THE SETTLEMENT CLASS AND REMAIN ELIGIBLE TO RECEIVE MONEY FROM THE SETTLEMENT IN THIS CASE, DO NOT RETURN THIS FORM.

Please complete this form **only** if you want to opt out of the settlement. In completing and submitting this form, you will be opting out of the Settlement Class, which means that you will not be legally bound by the Final Approval Order in the Case and will retain any right you may have to sue or continue to sue Defendants on your own based on the legal claims raised in the Case, but you will not receive a payment from the Settlement Fund and you cannot object to the Settlement.

In order for your opt-out request to be valid, you must fill out this form in its entirety, provide any required documentation, and where indicated, sign under penalty of perjury. This completed form must be mailed, by certified mail, to be received **no later than October 28, 2024** at the Administrator's address below. **You may not opt out of the Class Settlement by telephone, email, or fax.**

The Administrator for the Settlement may contact you to discuss your opt-out request.

1. Contact Information for Person(s) Requesting Exclusion

Name:		
Address:		
City:	State:	ZIP:
Day Phone:	Evening Phone:	
Email:		
Last 4 Digits of SSN	Or	Last 4 Digits of TIN
Birth Date		

2. Please check the box below to confirm that you have included a copy of your driver's license in order to confirm your identity:

A copy of my current driver's license is included with this request for exclusion.

3. If you have moved in the past five years, please list any previous address(es) below:

If you are requesting to opt out from the Class Settlement because you intend to file your own lawsuit and have retained your own counsel to represent you in that lawsuit, you must also provide the contact information for that counsel and, where indicated below, state the case information for the lawsuit, if it is already pending.

4. Contact Information for Requestor's Counsel

Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Email:		

5. If you have already filed your own lawsuit, please provide the case name, number, and the court in which the lawsuit was filed on the following lines:

6. Please state your intention to opt out on the following lines:

7. By signing below, you are requesting to opt out of the Settlement Class, and your signature will be binding as to the following confirmation of the accuracy of the information provided on this opt-out form: I solemnly affirm under the penalties of perjury that the information contained herein is true to the best of my knowledge, information, and belief.

Date Signed

(Sign your name(s) here)

(Print your name(s) here)

(Capacity of person signing, e.g., Class Member, Executor, Representative, or Administrator)

TO OPT OUT OF THE SETTLEMENT, YOU MUST RETURN THIS FORM TO THE ADMINISTRATOR VIA CERTIFIED MAIL AT THE FOLLOWING ADDRESS SO THAT IT IS RECEIVED NO LATER THAN OCTOBER 28, 2024:

Angelos Settlement
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063