

EXCLUSION FORM – CONSUMER CLASSES

This Is **NOT** A Claim Form

THIS FORM EXCLUDES YOU FROM THE LAWSUIT AND ANY POTENTIAL SETTLEMENT OR BENEFITS. DO NOT USE THIS FORM IF YOU WISH TO REMAIN IN THIS LAWSUIT.

If you want to be able to separately sue the Defendants, you must take steps to exclude yourself from the Classes and Lawsuit. This is called “opting out” of the Class(es). The **deadline** for requesting **exclusion** from the Classes and Lawsuit is **January 31, 2024**. To exclude yourself, you must complete AND submit the below written request for exclusion to the Valsartan Class Administrator.

By electing to be excluded: (1) you will not be bound by any future determination made in the Lawsuit, including any judgments at trial; (2) you will also not be eligible for any benefits or other benefits, if any, that are awarded by the Court; and (3) you may present any claims you have against the Defendants by filing your own lawsuit.

You must provide the following information and sign and date the form to be excluded.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (optional): _____

Email Address (optional): _____

Class Member ID (if known): _____

I wish to exclude myself from: (Please select **one** (1) option)

- All Classes and the entire Lawsuit
- Only the Economic Loss Class
- Only the Medical Monitoring Class

Signed: _____

Date: _____

Your request for exclusion must be mailed to the address below so it is **postmarked or received no later than January 31, 2024**:

Valsartan Class Administrator
ATTN: Exclusion Request
P.O. Box 3376
Baton Rouge, LA 70821

You may also **e-mail** a **scanned** copy of this **signed** exclusion request form to info@ValsartanMedicationLawsuit.com by **11:59 P.M. Eastern Time on January 31, 2024**.