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MUST BE RECEIVED NO LATER THAN **June 25, 2020**

Request for Exclusion From the Settlement

Belfiore v. Procter & Gamble Company
United States District Court
Eastern District of New York
Case No. 2:14-cv-04090-PKC

For Office Use Only

COMPLETE THIS FORM IF YOU WISH TO RETAIN THE RIGHT TO SUE P&G SEPARATELY FOR THE CLAIMS RELEASED BY THE SETTLEMENT. DO NOT COMPLETE THIS FORM IF YOU WANT TO RECEIVE MONETARY BENEFITS AVAILABLE UNDER THE SETTLEMENT.

BY COMPLETING THIS FORM, YOU WILL EXCLUDE YOURSELF FROM THE SETTLEMENT CLASS AND RETAIN THE RIGHT TO SUE P&G SEPARATELY FOR THE CLAIMS RELEASED BY THE SETTLEMENT. IF YOU EXCLUDE YOURSELF, YOU CANNOT FILE A CLAIM OR OBJECT TO THE SETTLEMENT. YOU DO NOT NEED TO EXCLUDE YOURSELF IF YOU MERELY WANT TO RETAIN A RIGHT TO SUE FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF YOUR USE OF THE PRODUCT.

TO BE EXCLUDED FROM THE SETTLEMENT, THIS OPT-OUT FORM MUST BE SIGNED AND MAILED TO THE CLAIM ADMINISTRATOR VIA U.S. MAIL TO THE BELOW ADDRESS AND MUST BE RECEIVED ON OR BEFORE **JUNE 25, 2020**:

Belfiore v. P&G, c/o Claim Administrator, PO Box 34880, Philadelphia, PA. 19101-4880

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

Street Address: _____

City: _____

State: ____ ____ Zip Code: ___ ___ ___ ___ ___ - ___ ___ ___ ___ (zip4 optional)

☐ **I WISH TO BE EXCLUDED FROM THE CHARMIN FRESHMATES CLASS ACTION SETTLEMENT**

OPT OUT SIGNATURE

By signing this Opt Out Form, I hereby opt out of this settlement. By signing this Opt Out Form, I understand that I will have no right to receive any money under the settlement in this case, and I will have no right to object to the settlement and be heard at the Final Approval Hearing.

Signature: _____

Printed Name: _____

Dated: ___ ___ / ___ ___ / ___ ___ ___ ___