

Opt Out Form For Propulsid MDL Settlement

**TIME SENSITIVE- MUST BE RETURNED VIA CERTIFIED
MAIL, RETURN RECEIPT REQUESTED, BY
AUGUST 15,2004**

I have read and fully understand the enclosed letter, Term Sheet, and Term Sheet Summary. I am satisfied with the information provided by my attorneys.

I DO NOT ELECT TO PARTICIPATE IN THE MDL SETTLEMENT.

By electing to not participate in the settlement, I understand that:

1. Under the terms of the MDL Settlement, my attorneys at _____ are not permitted to continue representing me in the litigation of my claims.
2. I will obtain new counsel immediately to protect my legal rights.
3. _____ is authorized to withdraw from representing me.

Signature

Date

Print Name

Home Phone

Address

Work Phone

Email Address

Cell Phone

Social Security Number: _____

If you desire to opt out of the MDL-1355 Settlement Program, please complete the above, in full, and return by August 15, 2004 to:

