

**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: \_\_\_\_\_

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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_