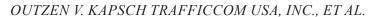
Riverlink Settlement Administrator P.O. Box 43518 Providence, RI 02940-3518

CLAIMANT INFORMATION





UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF INDIANA INDIANAPOLIS DIVISION

Case No. 1:20-cv-01286-TWP-MJD

Must Be Postmarked No Later Than May 23, 2022

Opt-Out Form

OLAIMAIT II	THE CITY	AIION																	
First Name							L	Last Name											
Primary Address																			
Primary Address C	ontinued	I																	
City												5	State		ZIP	Code			
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Attestation:																			
I wish to be exclude Settlement. I underst I may also have the I	and that	I will no	t have an	y righ	t to obj	ect, bu	t also v	will not	be bo	-	-								
Signature:							Dat					ted (mm/dd/yyyy): _							
Print Name:									_										
*If applicable, Comp	oany Nar	ne:																	
If applicable, your title:									_										

*By signing on behalf of an entity, you are attesting to your authority to do so.

Mail Your Completed Opt-Out Form and Supporting Documentation to:

Riverlink Settlement Administrator, P.O. Box 43518, Providence, RI 02940-3518

YOUR OPT-OUT FORM MUST BE POSTMARKED ON OR BEFORE MAY 23, 2022



