

EXCLUSION REQUEST FORM

Vogt v. State Farm Life Ins. Co., 2:16-cv-04170-NKL

This is **NOT** a Claim Form. It **EXCLUDES** you from the Class Action.
DO NOT use this form if you wish to remain **IN** the Class Action.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		
Street Address 1		
<input type="text"/>		
Street Address 2		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Telephone Number	E-Mail Address	

I understand that by asking to be excluded, I will not be eligible to receive any monetary recovery that may result from the trial or settlement of this lawsuit, if there is any such monetary recovery.

If you wish to opt out of this Class Action, please check the box below

By checking this box, I affirm that I wish to be excluded from this Class Action.

Date Signed

Signature of Class Member

To be effective as an exclusion from this Class Action, this form must be completed, signed and sent by regular mail, postmarked no later than **MAY 31, 2018**, to the address listed below.

You must act within 30 days of the date of Notice of Pendency of Class Action. The consequences of returning this Form are explained in the Notice of Pendency of Class Action.

You must mail this form in an envelope postmarked NO LATER THAN MAY 31, 2018, to the Class Administrator at the following address:

**Class Action Opt Out & Objection
Attn: Vogt v. State Farm
PO Box 30456
Philadelphia, PA 19103**

Questions? Visit www.SFCOILitigation.com or call 844-830-5234