

EXCLUSION REQUEST FORM

Jaunich v. State Farm Life Ins. Co., 0:20-cv-01567-PAM-JFD

**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.**

First Name of Class Member:

MI:

Last Name of Class Member:

Policy Number (if you own more than one, list all):

Address:

City:

State:

ZIP Code:

Telephone:

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Email:

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.

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MM
Date Signed

DD

YYYY

Signature of Class Member

To be effective as an exclusion from this Class Action, this Form must be completed (name, policy number [if known], and address), signed, and sent by regular mail, postmarked no later than February 11, 2022, to the address listed below.

You must act within 45 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 February 11, 2022, to the Class Administrator at the following address:

**Class Action Opt Out
Attn: Jaunich v. State Farm
P.O. Box 5473
Portland, OR 97228-5473**

QUESTIONS? CALL 855-604-1653 or VISIT www.minnesotascoilittigation.com

Questions? Visit www.minnesotascoilittigation.com or call 855-604-1653.