

**Request for Exclusion Form**  
**Freeman v. Belcampo Group, Inc**  
Los Angeles County Superior Court  
Case No. 21STCV21508

THIS FORM IS FOR USE **ONLY** IF YOU DO **NOT** WANT TO RECEIVE A SETTLEMENT PAYMENT FROM THIS CLASS ACTION AND RETAIN YOUR RIGHTS TO SUE DEFENDANT ON YOUR OWN.

Please read the full notice of this settlement (available at [www.BelcampoSettlement.com](http://www.BelcampoSettlement.com)) carefully before filling out this Form.

If you do **not** want to receive a payment from this Settlement, fill in, date, and sign this Exclusion Form and return it to the Settlement Administrator by mail, or email, as follows:

*Belcampo Settlement Administrator*  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606  
[BelcampoSettlement@cptgroup.com](mailto:BelcampoSettlement@cptgroup.com)

If you want to exclude yourself from the Settlement, this document must be postmarked (if sent to the Settlement Administrator by U.S. Mail) or delivered (if sent to the Settlement Administrator by e-mail) no later than October 12, 2024.

**I HEREBY AFFIRM THAT IT IS MY DECISION TO NOT PARTICIPATE IN THE SETTLEMENT REFERRED TO IN THE NOTICE OF CLASS ACTION SETTLEMENT, AND IT IS MY DECISION TO EXCLUDE MYSELF FROM THE CLASS.**

Your Information:

CPT ID: \_\_\_\_\_ (as referenced on the Notice you received)

Name (print): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Purchase (approx): \_\_\_\_\_

**I understand that by submitting this Exclusion Form, I will not receive any payment or other benefit from the Settlement.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_