

REQUEST FOR EXCLUSION (OPT-OUT) FORM

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

Chadwick v. State Farm Mutual Auto. Ins. Co.
Case No. 4:21-cv-1161-DPM

IF YOU WANT TO BE INCLUDED IN THIS CLASS ACTION LAWSUIT,
DO NOT FILL OUT THIS FORM.

IF YOU DO NOT WANT TO BE INCLUDED IN THE CLASS ACTION LAWSUIT, YOU MUST OPT OUT. YOU MAY DO SO BY EMAILING OR MAILING THE CLASS ADMINISTRATOR THAT YOU WANT TO OPT OUT. YOU MUST INCLUDE THE CASE NAME, DATE, YOUR PRINTED NAME, ADDRESS, AND YOUR PRINTED, SCANNED, OR ELECTRONIC SIGNATURE IN YOUR EMAIL OR MAIL. YOU MUST SEND YOUR EMAIL OR MAIL NO LATER THAN SEPTEMBER 23, 2024. IT MUST BE EMAILED OR MAILED TO:

Chadwick v. State Farm Mutual Automobile Insurance Co.
c/o Notice Administrator
P.O. Box 2756
Portland, OR 97208-2756

info@StateFarmARtotallosslitigation.com

You are not required to use this form so long as you email or mail the Chadwick v. State Farm Notice Administrator that you want to be excluded from the class action with the Case Name, Date, Your Printed Name, and Your Written, Scanned, or Electronic Signature.

I wish to be *excluded* from the certified Class and *not* participate in the class action lawsuit captioned *Chadwick v. State Farm Mutual Auto. Ins. Co.*

(Dated) REQUIRED: _____

(Signature) REQUIRED

(Typed or Printed Name) REQUIRED

(Address) REQUIRED

(City, State, Zip Code) REQUIRED