

EXCLUSION REQUEST FORM

McClure v. State Farm Life Ins. Co., 2:20-cv-01389-SMB

**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.**

Name of Class Member: _____

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

Address: _____
Street _____ City _____ State _____ Zip Code _____

Telephone: _____ 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.

Date Signed

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 **October 14, 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 OCTOBER 14, 2022 to the Class Administrator at the following address:

**McClure v. State Farm
P.O. Box 2007
Chanhassen, MN 55317-2007**

QUESTIONS? CALL 1-888-926-1520 OR VISIT WWW.AZSFCOILITIGATION.COM.