



UAS

**Must Be Postmarked
No Later Than
June 3, 2022**

Exclusion Request

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

M.I.

Last Name

<input type="text"/>

Primary Address

<input type="text"/>

Primary Address, Continued

<input type="text"/>

City

<input type="text"/>

State

<input type="text"/>

ZIP Code

<input type="text"/>

Foreign Province

<input type="text"/>

Foreign Postal Code

<input type="text"/>

Foreign Country Name/Abbreviation

<input type="text"/>

Email Address (optional)

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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Area Code

Telephone Number (home)

**IF YOU WISH TO BE EXCLUDED FROM THE CLASS ACTION LAWSUIT,
YOU MUST SIGN AND SUBMIT THIS FORM BY JUNE 3, 2022.**

Return this Exclusion Request form to:

PTIN Fees Class Action Administrator

P.O. Box 43434

Providence, RI 02940-3434

**DO NOT COMPLETE THIS FORM IF YOU WISH TO REMAIN IN THE CLASS AND
KEEP THE POSSIBILITY OF GETTING MONEY OR BENEFITS FROM THIS LAWSUIT.**

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____