



WPD

**Must Be Postmarked
No Later Than
March 10, 2017**

Refrigerator Settlement

Request for Exclusion

Official
Office
Use
Only



CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

***IF YOU WISH TO BE EXCLUDED FROM THE SETTLEMENT
YOU MUST SIGN AND SUBMIT THIS FORM BY MARCH 10, 2017.***

Return this Exclusion Form to:

Refrigerator Settlement Administrator

P.O. Box 40007

College Station, TX 77842-4007

DO NOT COMPLETE THIS FORM IF YOU WISH TO PARTICIPATE IN THE SETTLEMENT

Signature: _____

Dated: _____

Print Name: _____



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-------------------------	-------------------------	--	---