

Scharfstein v. BPWCP Claims Administrator  
PO Box 3266  
Portland, OR 97208-3266

## **EXCLUSION FORM**

**Only complete this form if you do not want to receive payment and choose to exclude yourself from this case.**

First Name

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Last Name

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[ ] Select this box if you wish to be excluded from this case. If you exclude yourself from the class, you will not receive a payment and will keep your right to pursue your own lawsuit regarding the claims in this lawsuit.

This form must be received by **September 21, 2015**.

By signing below, I certify under penalty of perjury that all of the information I provided above is true, correct, and complete.

Signature

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Date

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