3103600000000

MUST BE POSTMARKED NO LATER THAN **MARCH 19, 2019**

Request for Exclusion From the Settlement

Keurig Dr Pepper Inc.

For Office Use Only

COMPLETE THIS FORM IF YOU WISH TO RETAIN THE RIGHT TO SUE KEURIG DR PEPPER INC. SEPARATELY FOR THE CLAIMS RELEASED BY THE SETTLEMENT. DO NOT COMPLETE THIS FORM IF YOU WANT TO RECEIVE BENEFITS AVAILABLE UNDER THE SETTLEMENT.

BY COMPLETING THIS FORM, YOU WILL EXCLUDE YOURSELF FROM THE SETTLEMENT CLASS AND RETAIN THE RIGHT TO SUE KEURIG DR PEPPER, INC. SEPARATELY FOR THE CLAIMS RELEASED BY THE SETTLEMENT. IF YOU EXCLUDE YOURSELF, YOU CANNOT FILE A CLAIM OR OBJECT TO THE SETTLEMENT.

TO BE EXCLUDED FROM THE SETTLEMENT, THIS OPT-OUT FORM MUST BE SIGNED AND MAILED TO THE SETTLEMENT ADMINISTRATOR VIA U.S. MAIL TO THE BELOW ADDRESS AND MUST BE POSTMARKED ON OR BEFORE **MARCH 19, 2019**:

Keurig Dr Pepper, Inc., c/o Settlement Administrator, PO Box 58097, Philadelphia, PA 19102-8097

Name: _____ _____ _____
First Name *M.I.* *Last Name*

Street Address: _____

City: _____

State: ____ ____ Zip Code: ___ ___ ___ ___ ___ - ___ ___ ___ ___ (zip4 optional)

Telephone: ___ ___ ___ -___ ___ ___- ___ ___ ___ ___

Email: _____ @ _____

☐ **I/WE REQUEST TO OPT-OUT FROM THE SETTLEMENT IN THE 49-STATE CANADA DRY ACTION**

☐ **I/WE REQUEST TO OPT-OUT FROM THE SETTLEMENT IN THE CALIFORNIA CANADA DRY ACTION**

OPT OUT SIGNATURE

Signature: _____

Printed Name: _____

Dated: ___ ___ / ___ ___ / ___ ___ ___ ___