

**MAIL THIS FORM BY MARCH 2, 2012 TO:
Settlement Administrator
P.O. Box 570
Philadelphia, PA 19105-0570**

Request For Exclusion From The FX Damages Class

**Ross, et al. v. American Express Co., et al.
No. 04-cv-5723 (S.D.N.Y.),**

Please Fill Out The Form Completely – Incomplete Forms Will Not Be Processed

I request to be excluded from the FX Damages Class in Ross, et al. v. American Express Co., et al., No. 04-cv-5723 (S.D.N.Y.), a related matter in In re Currency Conversion Fee Antitrust Litigation, MDL No. 1409, Master File No. M21-95.

Name: _____

Address: _____

City, State, Zip: _____

Account numbers of all credit and/or charge cards which are being excluded:

In lieu of account numbers, you may enter your full social security number:

I affirm under penalty of perjury that: I have listed my full name, current address, all account numbers of my Credit Card and/or Charge Card accounts in relation to which I am a member of the FX Damages Class (or, in the alternative, have provided my complete social security number), and I have advised any joint account holders on such accounts that I am taking this action and that such account(s) will not be entitled to participate in any judgment or settlement entered in Ross, et al. v. American Express Co., et al., No. 04-cv-5723 (S.D.N.Y.).

Date

Signature

IMPORTANT: To be effective, this “Opt-Out Form” must be postmarked no later than March 2, 2012 **and** it must be mailed to the following address: Settlement Administrator, P.O. Box 570, Philadelphia, PA 19105-0570.