

**Request For Exclusion From The
Settlement Damages Class**

**In re Currency Conversion Fee
Antitrust Litigation
MDL No. 1409
Companies and Government Agencies**

*Do Not Fill Out This Form Unless Authorized To Do So By Your Company or
Government Agency*

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

On behalf of _____
("Company/Agency"), I request that it be excluded from the Settlement Damages
Class in the Consolidated Action in In re Currency Conversion Fee Antitrust
Litigation, MDL No. 1409.

Full Name of Company/Government Agency: _____

Address: _____

Tax-Payer Identification Number: _____

**If a Company, is your Company a co-brand or affinity partner/contractual
counterparty to any issuer of Visa-, MasterCard-, or Diners Club-branded
cards? ___ Yes ___ No**

**Account numbers of all credit and/or debit cards which are being excluded
that are not issued by a co-brand or affinity partner/contractual
counterparty:**

Additional account numbers shown on ___ pages attached.

Account numbers of all credit and/or debit cards which are being excluded that are issued by a co-brand or affinity partner/contractual counterparty:

Additional account numbers shown on ___ pages attached.

I affirm under penalty of perjury that: I have listed the Company/Agency's full name, current address, taxpayer identification number, and all account numbers of Company/Agency's Credit Card and/or Debit Card accounts in relation to which it is a member of the Settlement Damages Class, I certify that Company/Agency [is / is not] [*choose one*] a co-brand or affinity partner/contractual counterparty to any Defendant Releasee or Member Releasee, and, if it is such a counterparty, I have separately identified the accounts that relate to that co-brand or affinity program from the account numbers of Company/Agency's Credit Card and/or Debit Card accounts in relation to which Company/Agency is a member of the Settlement Damages Class, and I have advised any joint account holders on any of the account numbers of Company/Agency's Credit Card and/or Debit Card accounts in relation to which Company/Agency is a member of the Settlement Damages Class that Company/Agency is taking this action and that that account(s) will not be entitled to any payment.

Date

Place

Signature

Print Name

Title