Rescission of Opt-out Form

To withdraw your request to exclude yourself, the Rescission of Opt-out form must be signed, dated, postmarked and sent to the following three addresses by **December 31, 2019**. This form must also include your name, address, and telephone number.

Court	Class Counsel	Defense Counsel
United States District Court for the District of Arizona Sandra Day O'Connor United States Courthouse 401 W. Washington St. Suite 130, SPC 1 Phoenix, AZ, 85003-2118	Thomas A. Saenz Andrés R. Holguin-Flores MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIONAL FUND 634 S. Spring St., 11th Fl. Los Angeles, CA 90014	Don Bivens Patricia Lee Refo SNELL & WILMER L.L.P. One Arizona Center 400 E. Van Buren St. Suite 1900 Phoenix, Arizona 85004-2202
ADDE	RESS AND CONTACT INFO	<u>ORMATION</u>
Name & Address:		
()		
Area Code Telephone Nu	mber	
reconsidered and wish to withdra	aw my Opt-out statement. I undo yard from the claims settlement:	om the class monetary settlement. I have erstand that by rescinding my Opt-out, I fund and may not bring a separate legal
Printed Name		
Signature		Date