

**[SUBMIT THIS FORM ONLY IF YOU CHOOSE TO NOT PARTICIPATE IN THIS SETTLEMENT]**

**REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT**

**In the Matter of:  
*Womack v. Safeway Inc.*  
Alameda County Superior Court, Case No. RG17878467**

**INSTRUCTIONS: TO OPT-OUT OF THE SETTLEMENT, YOU MUST COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE JULY 5, 2019, ADDRESSED AS FOLLOWS:**

**Womack v. Safeway Inc. Class Action**  
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**Please fill in all of the following information (type or print):**

**Name (First, Middle, Last):** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Telephone Numbers: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**IT IS STRONGLY RECOMMENDED THAT YOU RETAIN PROOF OF MAILING THIS FORM POSTMARKED ON OR BEFORE JULY 5, 2019.**

**I [insert your name] \_\_\_\_\_ wish to be excluded from the settlement class if the case of Womack v. Safeway Inc., Alameda County Superior Court, Case No. RG17878467. I understand I will not receive money from the class settlement.**

**I further verify that the following is true: My name, address, and other contact information are accurately set forth above. I received and had the opportunity to read the Notice of Class Action and Proposed Settlement that was sent to me along with this form. I understand that by signing this form, I voluntarily choose to “opt out” of the proposed settlement of this class action. I understand that by opting out, I will not receive any money from the proposed settlement. On the other hand, I also understand that if I wish to assert any claims related to those set forth in this lawsuit, I must do so separately. I understand that any such claims are subject to strict time limits, known as statutes of limitations, which restrict the time within which I may file any such claims. I understand that I should consult with an attorney if I wish to obtain advice regarding my rights with respect to this settlement or my choice to opt out of the settlement. I have not been coerced by anyone to opt out of this class action, and I choose to opt out of my own free will. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Town/City Where signed:** \_\_\_\_\_