**[COMPLETE THIS FORM *ONLY IF* YOU CHOOSE TO *NOT* PARTICIPATE IN THIS SETTLEMENT AND CHOOSE *NOT* TO RECEIVE A SETTLEMENT SHARE]**

**"EXCLUSION FORM"**

***Claudia Chavez v. Orange County's United Way***
**ORANGE COUNTY SUPERIOR COURT, CASE NO. 30-2025-01458038-CU-OE-CXC**

**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 AUGUST 25, 2026, ADDRESSED TO THE SETTLEMENT ADMINISTRATOR AS FOLLOWS:

*Chavez v. Orange County's United Way*
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
Tel: 1(888) 903-0092

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 AUGUST 25, 2026.**

I [insert your name] _____ wish to be excluded from the Settlement Class in the case of *Chavez v. Orange County's United Way, Orange County Superior Court, Case No. 30-2025-01458038-CU-OE-CXC*.

I understand I will not receive money from the proposed class action settlement. However, if I am an Aggrieved Employee, I will automatically receive an Individual PAGA Payment.

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 Class Notice that was sent to me along with this Exclusion Form. I understand that by signing this side of the form, I voluntarily choose to exclude myself from the proposed settlement of this class action. **I understand that by excluding myself, I may not accept any money allocated for me in the proposed settlement and may not object to the settlement**. On the other hand, I also understand that if I wish to assert any claims related to those set forth in this lawsuit in my individual capacity, I shall have to 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 action. I understand that I should consult with an attorney at my own expense if I wish to obtain advice regarding my rights with respect to this settlement or my choice to opt out of the settlement. Orange County's United Way has not encouraged me to opt out, 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 forgoing is true and correct.

Signed: _____ Date:_____

Print Name:_____ Last four digits of Social Security Number _____