# REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT

**DO NOT SIGN OR SEND THIS DOCUMENT UNLESS YOU WISH TO EXCLUDE YOURSELF FROM THE SETTLEMENT. YOU ALSO HAVE THE OPTION OF DOING NOTHING, i.e., FILING NEITHER A CLAIM FORM NOR A REQUEST FOR EXCLUSION FORM, AS DESCRIBED IN THE NOTICE. IF YOU DO NOT FILL OUT THIS FORM, YOU WILL NEVERTHELESS BE BOUND BY THE TERMS OF THE AGREEMENT AND WILL NOT RECEIVE ANY PAYMENT THEREUNDER.**

**THIS DOCUMENT MUST BE POSTMARKED NO LATER THAN APRIL 19, 2017 AND MUST BE SENT VIA REGULAR U.S. MAIL.**

PLEASE MAIL THIS EXCLUSION FORM VIA REGULAR U.S. MAIL TO:

*Wells Fargo Store Manager Settlement*
Claims Administrator
P.O. Box 6006
Portland, OR 97228-6006

**IT IS MY DECISION NOT TO PARTICIPATE IN THE SETTLEMENT OF THE CLASS ACTION IN THE CASE OF *Wells Fargo Bank Managers Wage and Hour Cases*, JCCP No. 4723 (Sacramento County Superior Court), AND NOT TO BE INCLUDED IN THE SETTLEMENT CLASS IN THAT ACTION.**

I confirm that, at some time during the period of January 7, 2007, through January 12, 2017, I was employed as a salaried, exempt bank branch Store Manager employee of Wells Fargo Bank, NA in a Level 1 California store; and/or, during the period of January 7, 2007, through November 1, 2013, I was employed as a salaried, exempt bank branch Store Manager employee of Wells Fargo Bank, NA in a Level 2 California store. I confirm that I have received notice of the proposed settlement in this action. I have decided to be excluded from the class, and I have decided **not** to participate in the proposed settlement. I understand that, if I want to pursue my own remedies, I should seek the advice of an attorney with respect to the applicable statute of limitations.

Signature:

Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Printed Name:

Contact Phone Number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

Address 1:

Address 2:

City: State: ZIP Code: