





3. If you have a lawyer who represents you in connection with the Diet Drug Litigation, list his/her name, office address, telephone number, fax number, and E-mail address, if any. If you do not have a lawyer, leave Question #3 blank.

\_\_\_\_\_ (Law Firm Name)

\_\_\_\_\_ (First Name of Lawyer)      \_\_\_\_\_ (Middle Initial)      \_\_\_\_\_ (Last Name)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip Code)

(\_\_\_\_\_) \_\_\_\_\_ (Daytime Area Code & Phone Number)      (\_\_\_\_\_) \_\_\_\_\_ (Fax Area Code & Number)

\_\_\_\_\_ (E-mail Address, if any)

4. **CERTIFICATION: I have had an opportunity to read the Official Notice authorized by the Court in connection with the Final Judicial Approval of the Nationwide Class Action Settlement with American Home Products Corporation and to consult with physicians and attorneys concerning the terms and conditions of the Class Action Settlement. I HEREBY CERTIFY, SUBJECT TO PENALTIES OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, MY CIRCUMSTANCES QUALIFY ME TO EXERCISE A BACK-END OPT-OUT RIGHT UNDER THE SETTLEMENT AGREEMENT. I HEREBY KNOWINGLY AND PERMANENTLY RELINQUISH, WAIVE AND GIVE UP ALL OF THE RIGHTS, WHICH I WOULD OTHERWISE HAVE HAD AS A CLASS MEMBER UNDER THE SETTLEMENT AGREEMENT WITH AMERICAN HOME PRODUCTS CORPORATION, AND I AFFIRMATIVELY AND FOREVER OPT OUT OF THE CLASS WITH FULL KNOWLEDGE OF THE LEGAL, FACTUAL AND MEDICAL CONSEQUENCES OF MY ACTIONS.**

**This form is an official Court document sanctioned by the Court that presides over the Diet Drug Settlement and submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. I declare under penalty of perjury that the information provided in this form is true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_ (Signature of Diet Drug Recipient or Representative Claimant)      \_\_\_\_\_ (Date MM/DD/YYYY)

You must mail the original of this form to the AHP Settlement Trust and a copy of this form to Wyeth at the following addresses:

**AHP Settlement Trust  
P.O. Box 7939  
Philadelphia, PA 19101**

**Wyeth  
c/o Orran L. Brown  
BrownGreer PLC  
115 South 15th Street  
Suite 400  
Richmond, VA 23219-4209**

For assistance call 1-800-386-2070 or access the AHP Settlement Trust website at <http://www.settlementdietdrugs.com>

