FORM TO REQUEST REVOCATION OF OPT-OUTS

1. Complete this Form in its entirety. Print or type all information. The Class Member and the Class Member's attorney, if the Class Member is represented, must read, sign, and date this Form. Return the completed, signed Form to: Wyeth, c/o Orran L. Brown, BrownGreer PLC, 115 South 15th Street, Suite 400, Richmond, Virginia 23219.
2. This request is final and binding and cannot be retracted after it is transmitted to Wyeth or Wyeth's counsel.
3. Wyeth will consider each request separately. Wyeth's consent to revocation of any Opt-Out(s) does not concede nor imply entitlement to any benefits under the Nationwide Class Settlement Agreement as amended.
4. Wyeth will not grant any requests unless the Class Member agrees to terms of the "Request and Waivers" section below. Wyeth otherwise must determine that the request should be granted.

IDENTIFYING INFORMATION

Name of Class Member	First Name / MI / Last Name		
Address of Class Member	Street Address City / State / Zip Code		
Social Security Number	___ - ___ - ____	**Claim Number (if available)**	
Name of Attorney (if any)	First Name / MI / Last Name		
Name of Law Firm	Law Firm		
Address of Law Firm	Street Address City / State / Zip Code		
Attorney's Telephone Number	Area Code Phone Number	**Attorney's Facsimile Number**	Area Code Phone Number
Attorney's Email Address	E-mail		

REQUEST AND WAIVERS: By my signature below, I (Class Member) hereby request the consent of Wyeth to allow me to revoke my previous election(s) to exercise a right of Opt-Out under the Nationwide Class Action Settlement. I wish to participate in the Settlement as a Category Two Class Member (unless Wyeth agrees in writing that I am not a Category Two Class Member) to seek the benefits of the Settlement Agreement as amended. I further understand that this request is final and binding and that Wyeth's consent to revocation of my Opt-Out(s) does not concede nor imply that I am entitled to any benefits under the Settlement Agreement as amended. In consideration for granting this request and effective on the date the request is granted by Wyeth, I knowingly waive and relinquish: (i) all opt-out rights of any kind provided by the Settlement Agreement, available to me in the past, at present, or at any time in the future, including any right of Seventh Amendment Opt-Out; (ii) any right under applicable law not to be bound by the Settlement Agreement including, without limitation, any such right purportedly based on the manner in which the Settlement Agreement was negotiated, the alleged inadequacy of notice provided to the Class in connection with the Settlement Agreement, the process by which the Settlement Agreement was approved, the payment of claims to Class Members not qualified to receive benefits under the Settlement Agreement, and any alleged inadequacy of funds available to the Trust to pay all claims for Matrix Compensation Benefits; (iii) any right to opt-out of or object to the Seventh Amendment. I also release any and all claims against Wyeth based upon ingestion of Pondimin® and/or Redux™ and other diet drugs, including, but not limited to, phentermine (collectively, "Diet Drugs"), including assigned claims, whether known or unknown, asserted or unasserted, regardless of the legal theory, existing now or arising in the future, arising out of or relating to the purchase, use, manufacture, sale, dispensing, distribution, promotion, marketing, clinical investigation, administration, regulatory approval, prescription, ingestion, and/or labeling of Diet Drugs alone or in combination with any other substance. These released claims include, without limitation and by way of example, all claims for damages or remedies of whatever kind or character, known or unknown, that are now recognized by law or that may be created or recognized in the future by statute, regulation, judicial decision, or in any other manner. I have had the opportunity to consult with my attorney identified above, or to retain an attorney to advise me, and make this request voluntarily and with full knowledge of the consequences of my actions.

Signature: _____ **Date:** ____/____/____
Class Member (month) (day) (year)

Signature: _____ **Date:** ____/____/____
Attorney (if any) (month) (day) (year)