

Safeway Settlement Administrator
P.O. Box 43208
Providence, RI 02940-3208



SYF

Kimberlee Faciane v. Safeway Inc.

ALAMEDA COUNTY
SUPERIOR COURT

Case No. RG18913668

Must Be Postmarked No Later Than May 9, 2022

Opt-Out Form

INSTRUCTIONS: Please complete this Form only if you do **not** want to participate in the Settlement that is described in the Notice of Class Action Settlement (“Class Notice”) that accompanies this Form. If you choose to complete this Form, you must include all of the information requested (including the last four digits of your Social Security Number, so that your information can be matched with Safeway Inc.’s records) and submit it so that it is received by the Settlement Administrator with a postmark date on or before **May 9, 2022**.

CLAIMANT INFORMATION

<input type="text"/>				<input type="text"/>	<input type="text"/>			
First Name				M.I.	Last Name			
<input type="text"/>								
Primary Address								
<input type="text"/>								
Primary Address Continued								
<input type="text"/>						<input type="text"/>	<input type="text"/>	
City						State	ZIP Code	
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Foreign Province			Foreign Postal Code			Foreign Country Name/Abbreviation		

I. PERSONAL INFORMATION

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number				Last Four Digits of Social Security Number		
<input type="text"/>						
Email Address						

II. REQUEST FOR EXCLUSION: By signing and returning this Form, I certify that I have carefully read the Class Notice and that I wish to be excluded from the Class described therein. **I understand this means that I will not receive my share of the class action Settlement proceeds and will not be sent a Settlement check for the class action portion of the Settlement.**

III. MAILING INSTRUCTIONS: If you choose to return this Form, it must be received by the Settlement Administrator with a postmark date on or before **May 9, 2022**, at the address listed: *Safeway Settlement Administrator, P.O. Box 43208, Providence, RI 02940-3208, 1-800-213-1829.*

IV. PLEASE SIGN BELOW: I certify that the foregoing statements made by me are true and correct. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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