

Appendix F

Notice of Intent to Opt In Form for Unfiled Claims

NOTICE OF INTENT TO OPT IN FORM FOR UNFILED CLAIMS

INSTRUCTIONS

THIS FORM APPLIES TO INDIVIDUALS:

1. WHO ALLEGE A BLADDER CANCER INJURY RESULTING FROM THE USE PRIOR TO DECEMBER 1, 2011 OF ACTOS PRODUCTS IN THE UNITED STATES,
2. WHO HAD ALSO SIGNED A RETAINER AGREEMENT WITH AN ATTORNEY OR LAW FIRM PRIOR TO 12:00 NOON EDT ON MAY 1, 2015 FOR LEGAL REPRESENTATION OF SAID INDIVIDUAL RELATING TO THE BLADDER CANCER INJURY ALLEGEDLY RESULTING FROM THE USE OF ACTOS PRODUCTS;
3. BUT WHO DID NOT HAVE A LEGAL CASE RELATING TO ACTOS PRODUCTS PENDING IN STATE OR FEDERAL COURT ON OR BEFORE APRIL 28, 2015.

IF YOU WISH TO PARTICIPATE IN THE ACTOS RESOLUTION PROGRAM (the “Program”) AND TO BE POTENTIALLY ELIGIBLE FOR AN AWARD UNDER THE PROGRAM, YOU MUST SUBMIT THIS FORM AS PART OF THE OPT IN PACKAGE FOR UNFILED CLAIMS ON OR BEFORE 11:59 p.m. CT JULY 13, 2015 (UNLESS EXTENDED TO A LATER DATE PURSUANT TO THE TERMS OF THE SETTLEMENT AGREEMENT), IN ACCORDANCE WITH SUBMISSION INSTRUCTIONS PROVIDED BY THE CLAIMS ADMINISTRATOR. *SEE* WWW.ACTOSOFFICIALSETTLEMENT.COM.

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By timely submitting this form:

1. You agree to be bound by the terms of the Master Settlement Agreement and the jurisdiction of the Special Master and the MDL Court, or the applicable State Court if the MDL Court is determined not to have jurisdiction, with regard to all matters pertaining to the Master Settlement Agreement and the Program contained therein. The Master Settlement Agreement is available for review at www.ActosOfficialSettlement.com.
2. You acknowledge that upon your election to participate in the Program, Takeda shall be entitled to present the Release submitted herewith in any relevant action or proceeding.
3. You acknowledge that you will not be eligible for an award unless you also timely submit a completed Claim Package that meets the requirements set forth in the Master Settlement Agreement.
4. You acknowledge that appeals of determinations by the Claims Administrator as to whether a Claimant is eligible for payment and the amount of such payment under the terms of the Settlement Agreement will be resolved by the Special Master, and that the Special Master's decisions will be binding on the parties.
5. By checking the box below and executing this form, you acknowledge that you have been fully advised of your rights under the Master Settlement Agreement and elect to participate in the Program, and that such election is irrevocable.

I elect to participate in the ACTOS Resolution Program.

ACTOS PRODUCT USER

ACTOS Product User Name	Last	First	Middle
Product User Social Security Number	_ _ _ _ - _ _ - _ _ _ _ _		
Address	Street		
	City	State	Zip Country
Telephone Number	() -		Email
Alleged Injury (check all that apply)	<input type="checkbox"/> Bladder Cancer		<input type="checkbox"/> Bladder Cancer Resulting in Full or Partial Cystectomy
	<input type="checkbox"/> Bladder Cancer with Recurrence		<input type="checkbox"/> Wrongful Death
Product User Date of Birth (Month/Day/Year)		Date of Alleged Injury (Month/Day/Year)	
_ / _ / _		_ / _ / _	
Date of Alleged first ACTOS Products Usage (Month/Day/Year)	Date of Alleged Last ACTOS Products Usage (Month/Day/Year)	Alleged Dosage of ACTOS Products:	State of Residence at Time of Injury:
_ / _ / _	_ / _ / _	_____	_____

ATTORNEY INFORMATION

Attorney Name	Last	First	Middle
Firm Name			
Address	Street		
	City	State	Zip Country
Telephone Number	() -	Facsimile	() -
Email			

CLAIMANT'S SIGNATURE

IMPORTANT: This form must be signed by Claimant (the ACTOS Product User or the legal representative of the Actos Product User). If submitted online, an electronic signature is acceptable in accordance with the instructions of the Claims Administrator.

Signature		Date	/ / (month) (day) (year)
Printed Name	First	MI	Last

SAMPLE - Not For Actua