

INSTRUCTIONS FOR SIGNING RELEASE

1. **Review and complete page 2 of the Confidential Release, Indemnity, and Assignment (“Release”). If you are completing on behalf of a deceased loved one, you should put the device recipient’s information in the top (Claimant) section, and the device recipient’s spouse information should be in the 2nd (spouse) section, and finally, the representative’s information, even if same as spouse, should be put in the 3rd (representative) section.**
2. **SIGN YOUR NAME BEFORE A NOTARY PUBLIC on page 18 where flagged.**
3. **If you are married, your spouse must sign SIGN HIS OR HER NAME BEFORE A NOTARY PUBLIC on page 19 where flagged. (Notaries may be found at your local bank or government office).**
2. **SIGN the Claimant’s Declaration of Participation in Settlement and include your address, telephone number and email address, if applicable.**

*****IMPORTANT: Failure to have your signature(s) notarized will result in rejection of your claim. Payment dates have not been established, but assuming the requirements of the settlement are met, we expect payments to be processed as early as June or July. Of course, we pledge to do all we can to get the settlement proceeds to you as soon as possible.**

CONFIDENTIAL RELEASE, INDEMNITY, AND ASSIGNMENT



CLAIMANT (Device Recipient)			
Name	First:	Middle:	Last:
Address	Street:		
	City:	State:	Zip:
Social Security Number: - -		Date of Birth : ____/____/____ (month) (day) (year)	
SPOUSE OF CLAIMANT (If none, check here ___)			
Name	First:	Middle:	Last:
Address	Street:		
	City:	State:	Zip:
Social Security Number: - -		Date of Birth: ____/____/____ (month) (day) (year)	
AUTHORIZED REPRESENTATIVE (If applicable)			
Name	First:	Middle:	Last:
Address	Street:		
	City:	State:	Zip:
Social Security Number: - -		Date of Birth : ____/____/____ (month) (day) (year)	
CLAIMANTS' COUNSEL			
Name: Name and Address of Firm: Telephone Number: E-mail Address:			

contempt, Guidant Defendants, Plaintiffs' Negotiation Counsel, Claimants, Claimants' counsel, and others engaged by Plaintiffs' Negotiation Counsel to assist with the implementation of the settlement may not, under any circumstances, divulge any aspect of or terms of the settlement documents or the proposed settlement to any other entity, person, or party, except that Guidant Defendants may make any disclosures they deem necessary to their accountants, auditors, other financial representatives, insurers, and other related business entities." I have abided by this Order, and will continue to abide by this Order and any future Orders from the Court on confidentiality.

Understanding the foregoing, I hereby freely and voluntarily declare that I wish to participate in the settlement and that I agree to be bound by the MSA and all of its terms and conditions.

Attached to this Declaration are: (1) a completed Release in the form provided for in the MSA; and (2) a Stipulation of Dismissal with Prejudice of my case [if a case has been filed in any court].

Date: _____


(Signature of Participating Claimant)

(Printed Name)

Address

Address

Tel: _____

E-mail: _____

CLAIMANT'S SPOUSE (IF ANY):



Signature

Print Name

Social Security Number

Address

Date

STATE OF _____)

) ss:

COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing Confidential Release, Indemnity, and Assignment, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed and in the capacity therein expressed.

Witness my hand and official seal on this ____ day of _____, 2008.

Notary Public in and for the state of _____

My Commission expires: _____