

**Must be Received  
No Later Than  
May 27, 2007**

In re Pharmaceutical Industry Average Wholesale Price Litigation  
Docket No. 01-CV-12257-PBS, MDL No. 1456 – GSK Settlement

For Official Use Only

## **CONSUMER EXCLUSION FORM**

**Only Complete this Form if You DO NOT Want to be Included in Either  
or Both of the GSK Settlement Classes**

***By Completing This Form You Are Excluding Yourself From Either or Both of The GSK  
Settlement Classes and You Will Not Be Included in the Proposed Settlement with GSK  
and You Will Not Be Able to File a Claim For Part of the Settlement Fund.***

Please check the box(es) indicating which of the Classes you wish to exclude yourself from:

- Both Classes: (Medicare Co-Payment Class and Private Payor Class)*
- Medicare Co-Payment Class only*
- Private Payor Class only*

I would like to be excluded from the Class(es) indicated above. I understand that by doing so I am excluding myself from either or both of the Classes and that as a result I will not be included in the Proposed Settlement as a member of the Class(es) from which I am excluding myself. I understand that I will not be able to file a claim for a part of the Settlement Fund as a member of the Class(es) from which I am excluding myself.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**Exclusion must be received no later than May 27, 2007**

GSK AWP Litigation Administrator  
c/o Complete Claim Solutions, LLC  
P.O. Box 24743  
West Palm Beach, FL 33416