Exclusion Request Form

Complete this form if you do <u>NOT</u> wish to participate in this lawsuit. You must complete, sign and return this form to the Settlement Administrator at the address provided below by U.S. Mail postmarked no later than 11:59 p.m. Pacific Time, December 8, 2025.

By submitting this form, you are stating that you <u>do not</u> wish to participate in the Settlement and <u>will not</u> receive any benefits from it. If you ask to be excluded (opt-out), you retain the right to pursue separate legal action regarding the claims in this case.

To complete this form, you must include your signature and the date. A parent or legal guardian <u>must submit</u> and sign exclusion requests for any Settlement Class Member who is under the age of 18, as of **December 8, 2025.**

Required Information

Class Member Name (first, middle, last):		
Parent or Legal Guardian Name (first, middle, last):	
Address:		
City:		
Email Address:		
Telephone Number:		
I hereby request to be excluded from the 07016. I understand that by doing so, I the right to pursue separate legal action.	will not receive any benefits fro	<u> </u>
Class Member Signature:		
Date:		
Parent or Legal Guardian Signatu	ire:	
Date:		

Mail: YouTube Privacy Settlement, c/o A.B. Data, Ltd., Attn: Exclusions, P.O. Box 173001, Milwaukee, WI 53217

Email: info@youtubeprivacysettlement.com