

OPT-OUT FORM

Delta VPPA Settlement

Only use this Form if you want to request exclusion from (i.e., opt-out) of the proposed settlement class. For more information on the proposed settlement, please visit www.DeltaVPPASettlement.com.

Section I - Instructions

This form must be received by the Settlement Administrator no later than March 2, 2026.

This Opt-Out Form may be submitted in one of three ways:

1. Electronically through www.DeltaVPPASettlement.com.
2. Via email to DeltaVPPA@rg2claims.com. Please fill out the enclosed pages, scan the document in its entirety, and include the Form as an attachment.
3. Mail to: *Delta VPPA Settlement*, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479.

To be effective as an opt-out from the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than March 2, 2026**. If this form is not postmarked or received by this date, you will remain a member of the Settlement Class.

Opting out of the Settlement Class is not the same as objecting to the Settlement Agreement. If you request exclusion from the Settlement Class prior to **March 2, 2026**, you will not be bound by the terms of the Settlement Agreement and therefore cannot argue that the Settlement Agreement should not be approved. More information about objecting to the Settlement is available at www.DeltaVPPASettlement.com.

Section II - Settlement Class Member Information

Claimant Name (Required):

Class Member Identification Number (Required):

* Your class member identification number was on the notice of the Settlement you received by email or by postal mail. If you do not have your class member identification number, call or email the Settlement Administrator for assistance at 1-866-742-4955 or DeltaVPPA@rg2claims.com.

Current Contact Information

Street Address (Required):

City (Required):

State (Required):

Zip Code (Required)

City (Required): _____ State (Required): _____ Zip Code (Required): _____

Email (Required):

Preferred Phone Number (Required):

Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your request for exclusion.

Section III – Attestation, Opt-Out Request, Signature, and Submit

Through the submission of this form, I attest under the penalty of perjury that I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I further attest that I request exclusion from the Settlement Class in *John, et al. v. Delta Defense, LLC, et al.*, Case No. 23-cv-1253 (E.D. Wis.). By signing below, I agree to the submission of this Opt-Out Form.

IF SUBMITTED ELECTRONICALLY:

Checking this box constitutes my electronic signature and election to opt out of the Settlement on behalf of myself.

IF SUBMITTED BY EMAIL OR U.S. MAIL:

Date (mm/dd/yyyy): _____

Printed Name: _____

Signature: _____