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| V4151 | ELECTION FOR SETTLEMENT PAYMENTS TO BE TRANSFERRED TO VIOXX 468B HOLDING SETTLEMENT SUB-FUND |
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| A. VIOXX USER CLAIMANT INFORMATION (Complete this section on the Vioxx User Claimant) |
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|----------------------|----------------|----------------|------|
| Claimant Name | First | Middle Initial | Last |
| Address | Street/P.O Box | | |
| | City | State | Zip |
| Date of Birth | | SSN | VCN |

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| B. PRIMARY COUNSEL INFORMATION |
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|-------------------------|----------------|-----------|-------|
| Law Firm Name | | | |
| Address | Street/P.O Box | | |
| | City | State | Zip |
| Telephone Number | | Facsimile | Email |

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| C. AGREEMENT |
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I represent and warrant, as follows:

1. I understand that the Vioxx 468B Holding Settlement Sub-Fund (“Sub-Fund”) has been established as a Qualified Settlement Fund (“QSF”) and that a Claimant's Interim, Fixed, Final or Extraordinary Injury settlement payments (collectively referred to as “Settlement Payments”) can be placed into the Sub-Fund rather than issued directly to the Claimant / Primary Counsel.
2. I hereby elect that all Settlement Payments for the above-referenced Claimant or Representative Claimant (if applicable) be transferred into the Sub-Fund rather than issued directly to the Claimant / Primary Counsel. I understand that such transfer(s) will only take place upon a determination by the Settlement Administrator that the Claimant or Representative Claimant (if applicable) is otherwise eligible to receive Settlement Payments under the terms of the Settlement Agreement. I further understand that as a result of this Election all such eligible Settlement Payments will be transferred to the Sub-Fund.
3. I understand that the Settlement Payments that are transferred into the Sub-Fund as a result of this election will remain in that QSF account without interest until further written instructions (in the form of an Election for Settlement Payments to be Issued from the Vioxx 468B Sub-Fund) are provided to the Claims Administrator by Primary Counsel.

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| D. SIGNATURE BY PRIMARY COUNSEL |
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| Signature | /s/ _____ | Date | ___/___/___ (Month/Day/Year) |
| Printed Name | First | Middle Initial | Last |