

ELECTION FOR SETTLEMENT PAYMENTS TO BE ISSUED FROM VIOXX 468B HOLDING SETTLEMENT SUB-FUND

A. INSTRUCTIONS

Primary Counsel must complete this Election Form when requesting that Settlement Payments previously elected to be transferred into the Vioxx 468B Holding Settlement Sub-Fund ("Sub-Fund"), be issued out of the Sub-Fund. Primary Counsel must list in Section D below, any Payee(s) to whom the Settlement Payments are to be issued for this Claimant. For example, if a portion of the Settlement Payments are being issued to a special needs trust or a financial services company, that information should be provided in Section D.1, and if the remaining portion of the Settlement Payments are being issued to the Claimant / Primary Counsel, that information should be provided in Section D.2. You must also provide a W-9 Form for the Payee(s) before any payments can be issued. Contact your CA Contact if you need a W-9 Form or go to www.browngreer.com/vioxxsettlement and the FORMS section of that website to download a W-9 Form.

B. VIOXX USER CLAIMANT INFORMATION

(Complete this section on the Vioxx User Claimant)

Claimant Name	First	Middle Initial	Last
Address	Street/P.O Box		
	City	State	Zip
Date of Birth		SSN	VCN

C. PRIMARY COUNSEL

Law Firm Name			
Address	Street/P.O Box		
	City	State	Zip
Telephone Number		Facsimile	Email

D. PAYMENT INFORMATION

(Provide payment information for each Payee to whom payments will be issued out of the Vioxx 468B Holding Settlement Sub-Fund for this particular Claimant)

D.1.	Information for Payee # 1 (If you want a portion paid to a separate Payee, you must also complete section D.2)		
Payee Name			
Street/P.O Box			
City		State	Zip
Payment Method (select one)	<input type="checkbox"/>	Check (check will be sent by express mail to Payee listed above)	
	<input type="checkbox"/>	Wire (provide bank/wire instructions below)	
		Bank Name	
		Bank ABA/ Routing Number	
		Account Name	
	Account Number		Amount to be Paid to Payee # 1

D.2.	Information for Payee # 2 (if applicable)		
Payee Name			
Street/P.O Box			
City		State	Zip
Payment Method (select one)	<input type="checkbox"/>	Check (check will be sent by express mail to Payee listed above)	
	<input type="checkbox"/>	Wire (provide bank/wire instructions below)	
		Bank Name	
		Bank ABA/ Routing Number	
		Account Name	
	Account Number		Amount to be Paid to Payee # 2

E. AGREEMENT

I represent and warrant, as follows:

- I understand that the Sub-Fund has been established as a Qualified Settlement Fund and I have previously elected for the above-referenced Claimant's, Interim, Fixed, Final or Extraordinary Injury settlement payments (collectively referred to as "Settlement Payments") to be placed into the Sub-Fund rather than issued directly to the Claimant / Primary Counsel.
- I understand that Primary Counsel's attorney fee portion of the Settlement Payment can not be separated out by the Escrow Agent and paid directly to my law firm from the Sub-Fund, rather any Settlement Payments issued to Primary Counsel out of the Sub-Fund will be payable jointly to Primary Counsel and the above-referenced Claimant or Representative Claimant (if applicable).
- I hereby elect that Settlement Payments for the above-referenced Claimant or Representative Claimant (if applicable) be issued out of the Sub-Fund in the manner and amounts that I have indicated in Section D of this form (less any applicable lien or holdback amounts). I understand that such payments issued in the manner elected on Section D, to the parties listed on Section D of this form shall constitute full payment of such Settlement Payments, and that I will have no recourse against the Escrow Agent, the Claims Administrator; Merck, the Negotiating Plaintiffs' Committee and the Lien Administrator, and the agents and representatives of the foregoing, in the event of nonpayment of any payment amounts by any Assignee (such as an issuer of any annuity or qualified funding instrument) to whom I have elected that all or a portion of Settlement Payments be issued.
- Primary Counsel will comply with all laws and ethical rules and obligations under applicable law as to any payment received in the Vioxx Settlement Program, including without limitation those regarding the handling and disposition of client funds.
- The account or fund into which the proceeds will be placed or payments will be received is an appropriate escrow, trust or other account required by applicable law and ethical rules for the receipt of client funds; and
- For any claim involving a Deceased Vioxx User Claimant or deceased Derivative Claimant, Primary Counsel will comply with any provisions of the law applicable to the claim regarding the compromise and distribution of the proceeds of the settlement of a survival and/or wrongful death claim.

F. SIGNATURE BY PRIMARY COUNSEL

Signature	/s/ _____		Date	___/___/___ (Month/Day/Year)
Printed Name	First	Middle Initial	Last	