

## CATEGORY TWO ELECTION FORM

The purpose of this Form is to permit Category One Class Members to become Category Two Class Members and to receive the Matrix Election Payment of \$2,000, plus the Cash/Medical Services Benefit, without further medical review or audit of their claim, provided that they have appropriately documented Diet Drug use and a diagnosis of FDA Positive regurgitation after Diet Drug use and before the close of the Screening Period to qualify for the Cash/Medical Services Benefit.

### INSTRUCTIONS

1. Complete this Form in its entirety. Print or type all information.
2. The Class Member and the Class Member's attorney, if the Class Member is represented, must read, sign, and date this Form.
3. Return the completed Form to: Seventh Amendment Fund Administrator, c/o Heffler, Radetich & Saitta LLP, P.O. Box 30, Philadelphia, PA 19105-0030. ***The Form must be postmarked no later than Wednesday, March 9, 2005, or it is not effective.***
4. If the Seventh Amendment receives Final Judicial Approval, this Election is final and binding and cannot be retracted after it is transmitted to the Fund Administrator.

### IDENTIFYING INFORMATION

<b>Name of Class Member</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 5%; border-bottom: 1px solid black;"></td> <td style="width: 45%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>First Name</td> <td style="text-align: center;">MI</td> <td>Last Name</td> </tr> </table>						First Name	MI	Last Name			
First Name	MI	Last Name										
<b>Address of Class Member</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Street Address</td> </tr> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;"></td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>City</td> <td style="text-align: center;">State</td> <td style="text-align: right;">Zip Code</td> </tr> </table>			Street Address						City	State	Zip Code
Street Address												
City	State	Zip Code										
<b>Social Security Number</b>		<b>Claim Number (if available)</b>										
<b>Name of Attorney (if any)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 5%; border-bottom: 1px solid black;"></td> <td style="width: 45%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>First Name</td> <td style="text-align: center;">MI</td> <td>Last Name</td> </tr> </table>						First Name	MI	Last Name			
First Name	MI	Last Name										
<b>Name of Law Firm</b>	Law Firm											
<b>Address of Law Firm</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Street Address</td> </tr> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;"></td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>City</td> <td style="text-align: center;">State</td> <td style="text-align: right;">Zip Code</td> </tr> </table>			Street Address						City	State	Zip Code
Street Address												
City	State	Zip Code										
<b>Attorney's Telephone Number</b>		<b>Attorney's Facsimile Number</b>										
Area Code Phone Number		Area Code Phone Number										
<b>Attorney's Email Address</b>	Email											

### ELECTION

By my signature below, I hereby elect to withdraw the Matrix Claim that qualified me as a Category One Class Member, as described in Section III.A.1 of the Seventh Amendment to the Settlement Agreement. I wish to receive the \$2,000 Matrix Election Payment described in Section VII.C of the Seventh Amendment, the Cash/Medical Services Benefit if not previously paid to me (provided that I have appropriately documented Diet Drug use and a diagnosis of FDA Positive regurgitation before the close of the Screening Period), and other benefits as a Category Two Class Member for which I become eligible, provided that the Seventh Amendment receives Final Judicial Approval. I understand that I am giving up any rights and/or benefits that I may have had as a Category One Class Member. I further understand that this Election is final and binding, if the Seventh Amendment receives Final Judicial Approval, and that once it is transmitted to the Fund Administrator, it cannot be retracted. I have had the opportunity to consult with my attorney identified above, or to retain an attorney to advise me, and make this request voluntarily and with full knowledge of the consequences of my actions.

<b>Signature:</b> _____		<b>Date:</b> _____
Class Member		(month) / (day) / (year)
<b>Signature:</b> _____		<b>Date:</b> _____
Attorney (if any)		(month) / (day) / (year)