

OPT OUT FORM

If you are an affected consumer or the appointed personal representative/administrator of an estate of an affected customer, and you were living in the UK between the 14 February 2016 and 6 October 2023 and you want to opt out of the class, you must inform us.

If you are a personal representative or an administrator of the estate of a Facebook Customer, you must also provide the following proof that you are entitled to act on behalf of the estate:

* A copy of the Grant of Probate authorising you as personal representative (i.e. an executor of a will); or
* A copy of Letters of Administration authorising you to act as a court-appointed Administrator; or
* A copy of the death certificate of the affected customer, a copy of the will authorising you to act as personal representative on behalf of the estate, and a copy of your identification such as a passport, driver's licence, or national identity card. If you wish to use another form of identification, please contact us on the phone number below stating your proposed form of identification and leaving your name and telephone number, and we will get back to you.

Your Opt-Out Request (and any relevant documents listed above) must be received or postmarked by **5 March 2025**. Once we have processed your Opt-Out Request, we will send you an acknowledgement by email if you have provided an email address or by post if not.

**IMPORTANT CONSIDERATION** By opting out, you will not be able to receive a payment from this claim if money becomes available. However, you may be able to bring your own separate claim against Facebook for the same issues, provided you do so within six months of the date on which you opt out. If you do not file an individual claim against Facebook within this timeframe, your claim will be 'time-barred', meaning that the time permitted for you to bring an individual claim will have passed.

 Your First Name\*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

 Your Last Name \*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

 Your Address Line 1\*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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 Your Address Line 2 \*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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#  City/Town\*:☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ County\*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Postcode\*:☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

 Your telephone number\*:☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

 Your email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Visit: www.facebookclaim.co.uk Email: enquiries@facebookclaim.co.uk

Or write to Facebook Claim Opt Out, PO Box 13536, Braintree, CM7 0PD

Please indicate whether you are:

An affected Facebook Customer ☐

Opting out on behalf of a deceased affected Facebook Customer ☐

If Opting out on behalf of a deceased affected Facebook Customer please provide their

# name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DECLARATION

"I WANT TO OPT OUT OF THE COLLECTIVE CLAIM AGAINST META PLATFORMS INC, META PLATFORMS IRELAND LIMITED, AND FACEBOOK UK LIMITED, CASE No. 1433/7/7/22**”**

I understand that by submitting this Opt-Out Form, I will be excluded from the class action and will not be bound by its outcome. As a result, I will be excluded from any settlement or any damages that may be awarded by the Court.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return your completed Opt-Out Form to:

Facebook Claim Opt Out, PO Box 13536, Braintree, CM7 0PD

Please feel free to use our contact form or enquiries@facebookclaim.co.uk

Visit: www.facebookclaim.co.uk Email: enquiries@facebookclaim.co.uk

Or write to Facebook Claim Opt Out, PO Box 13536, Braintree, CM7 0PD