



2DH

Davis-Hudson, et al. v. 23andMe, Inc.
AAA Case No. 74-20-1400-0032

**Must Be Postmarked
No Later Than
December 6, 2017**

ELECTION FORM

CLAIMANT INFORMATION

First Name	M.I.	Last Name
Primary Address		
Primary Address Continued		
City	State	Zip Code
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

To elect to receive Cash Compensation from this settlement, instead of a Certificate, your Election Form must be postmarked or received on or before December 6, 2017.

You may submit your Election Form electronically through this website, by mailing to 23andMe Settlement Administrator, P.O. Box 404000, Louisville, KY 40233-4000, or faxing to 1-866-536-0135

You must complete all sections in order to receive cash benefits from this settlement unless otherwise indicated. If you do nothing, you will automatically receive a Certificate for \$40 off the cost of a 23andMe Genetic Testing Kit, redeemable at 23andme.com.

1. Provide the Claim ID from e-mail notice (leave blank if you do not have it):

2. How many units of PGS did you purchase?:

3. **Selection of Settlement Benefit.** For each PGS unit you purchased from October 16, 2007 to November 22, 2013, you will automatically receive a Certificate for \$40 off the cost of a 23andMe Genetic Testing Kit, redeemable at 23andme.com. You may elect to receive \$12.50 in compensation in lieu of the Certificate(s).

Fill in this circle if you elect \$12.50 Cash Compensation instead of a Certificate:

If you elected Cash Compensation and purchased more than one PGS, indicate the number of PGS units you elect to receive Cash Compensation for (You may elect to receive Cash Compensation for each unit of PGS purchased):

By submitting this form, you are declaring, under penalty of perjury, that you purchased a PGS between October 16, 2007 and November 22, 2013, other than for purposes of resale or distribution or to provide to third parties for purposes of research or education, and that you have accurately filled out the information above to the best of your knowledge.

Signature: _____ Dated (mm/dd/yyyy): _____

Email Address



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FOR CLAIMS PROCESSING ONLY	OB <input style="width:30px; height:20px;" type="text"/>	CB <input style="width:30px; height:20px;" type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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