

REQUEST FOR EXCLUSION FORM

**Superior Court of the State of California, County of Alameda
Torrez v. Del Taco, LLC, et al., Case No. 21CV000111**

If you want to receive an Individual Settlement Payment, you should not fill out this form; you are not required to do anything at this time. This form is to be used only if you want to exclude yourself from the Settlement.

If you exclude yourself from the Settlement: (1) you will not receive any payments or benefits under the Settlement, unless you are a PAGA Group Member, and your non-PAGA portion of the Settlement will be distributed to the other Participating Class Members; (2) you will not be able to object to the Settlement; (3) you will not be bound by the Settlement if it is ultimately approved by the Court; and (4) you may pursue any claims which are asserted in the Actions that you have against Del Taco, LLC (“Del Taco”) by filing your own lawsuit.

To be excluded from the Settlement, complete this Request for Exclusion Form and mail it to the Settlement Administrator at the address listed below, postmarked no later than March 6, 2023, or email it to the Settlement Administrator at claims@ilymgroup.com no later than March 6, 2023.

ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781
Email: claims@ilymgroup.com

Request for Exclusion

I hereby certify that I am or was employed by Del Taco as a non-exempt employee in California for some period of time during the Class Period of October 28, 2011 through November 12, 2021.

I have received the Notice of Class Action and PAGA Settlement (“Notice”) in the Action, and I request to be excluded from the Settlement. I understand that by submitting this Request for Exclusion Form, I will not receive any money or other benefits under the Settlement, unless I am a PAGA Group Member, and I will not be bound by the Settlement, including the release of Released Claims, as described in the Notice and in the Settlement Agreement on file with the Court.

Please print legibly:

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Signature of Class Member (or Legal Representative): _____

Date: _____