

**REGISTRATION FORM FOR PLAINTIFFS WHO ARE REPRESENTING THEMSELVES**

If you have a Xarelto-related lawsuit pending in court in which you are representing yourself and want to participate in the Settlement Program, the Orders Regarding Registration **require you to register on or before April 24, 2019**. To register, provide the information in Section I, sign this Registration Form, and then mail it to us on or before the deadline at the address indicated in Section III.

**I. PLAINTIFF INFORMATION**

<b>Name</b>	First	M.I.	Last
<b>Date of Birth</b>	_ _ / _ _ / _ _ _ _		
<b>Social Security Number</b>	_ _ _ _ _ _ _ _ _ _		
<b>State of Residence</b>	(State)		
<b>Name of Representative or Executor (if applicable)</b>	First	M.I.	Last
<b>Court/Venue</b> Check this box if you have not filed a lawsuit <input type="checkbox"/>			
<b>Case Number</b>			

**II. SIGNATURE**

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Registration Form is true and correct to the best of my knowledge, information and belief.

<b>Signature</b>		<b>Date</b>	_ _ / _ _ / _ _ _ _  (Month/Day/Year)
<b>Printed Name</b>	First	M.I.	Last

### III. WHAT TO DO WITH THIS FORM

Fill in all information in this Registration Form, sign it and mail it to:

Xarelto Claims Administrator Office

P.O. Box 85006

Richmond, VA 23285-5006

### IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about this Registration Form or need help, contact us at **(888) 361-0741** or send an email to [MDLCentrality@browngreer.com](mailto:MDLCentrality@browngreer.com).