

To: Loyalty Penalty Claim PO Box 82094 London EC2P 2WJ

## IF YOU WERE RESIDENT IN THE UK ON 25 NOVEMBER 2025 AND FALL WITHIN THE CLASS DEFINITION, YOU MAY USE THIS FORM IF YOU WISH TO OPT OUT OF ONE OR MORE OF THE COLLECTIVE PROCEEDINGS.

| To Whom it May Concern,  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| I want to opt out of one or more of the following proceedings brought by Justin Gutmann against the parties named below:   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vodafone Limited and Vodafone Group Plc ("Vodafone"), Case No 1624/7/7/23  EE Limited and BT Group Plc ("EE"), Case No 1625/7/7/23  Hutchison 3G UK Limited ("Three"), Case No 1626/7/7/23 and  Telefonica UK Limited ("O2"), Case No 1627/7/7/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I confirm that I am currently living in the UK as of 25 November 2025 and I acknowledge that by submitting this opt out form before 25 February 2026, I will not be able to claim a share of any money that becomes available in the future in respect of the collective proceeding/s identified above. As a result, I will be excluded from any settlement or any damages that may be awarded by the Court. If this form is submitted after 25 February 2026, then I acknowledge that I will not be able to opt out of the class without the permission of the Competition Appeal Tribunal. |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I understand that Justin Gtumann is bringing a UK opt-out competition damages claim on behalf of individuals and one person businesses who are alleged to have suffered loss as a result of paying a Loyalty Penalty. This occurs at the end of the Minimum Term of a Combined Handset and Airtime Contract if customers don't terminate their contract and continue to pay an amount in excess of the amount payable for Airtime Services despite the fact that their Handset has been paid off in full.  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLASS MEMBER INFORMATION   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Na   | ıme*:   |  |  |  |  |  |  |  |  |  |  |  |  |  |



| Last Name*:  |                  |                  |                   |                 |                  |                    |                  |                  |                   |                   |       |        |      |  |
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| Mobile Number:   |                  |                  |                   |                 |                  |                    |                  |                  |                   |                   |       |        |      |  |
| Country of   |                  |                  |                   |                 |                  |                    |                  |                  |                   |                   |       |        |      |  |
| Residence/Domici   | le:              | •                |                   |                 | •                | •                  | •                | •                |                   | •                 | •     | •      | •    |  |
| Email Address:   |                  |                  |                   |                 |                  |                    |                  |                  |                   |                   |       |        |      |  |
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| "I WANT TO OP  | T OUT            | OF TI            | HE CC             | )LLE(           | CTIVE            | CLA                | IM OF            | R CLA            | IMS S             | SELEC             | CTED  | ABO    | VE"  |  |
| I understand that<br>collective procee<br>from any settlem | t by sub         | mittin<br>and wi | g this<br>ill not | opt oo<br>be bo | ut forn<br>und b | n, I wi<br>y its o | ll be e<br>utcom | xclude<br>ne. As | ed froi<br>a resi | m the<br>ult, I w | above | e sele | cted |  |
| Signature:   | Signature: Date: |                  |                   |                 |                  |                    |                  |                  |                   |                   |       |        |      |  |
| Return your com  | pleted (         | opt ou           | t form            | to:             |                  |                    |                  |                  |                   |                   |       |        |      |  |
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Alternatively, you can scan and email the form to us at <a href="mailto:optout@loyaltypenaltyclaim.com">optout@loyaltypenaltyclaim.com</a>.

Please note, the date on which the opt out form is either posted or emailed will be the effective date on which you opt out of the class.



If you have any questions, please feel free to use our Contact Us Form, or email us at <a href="mailto:info@loyaltypenaltyclaim.com">info@loyaltypenaltyclaim.com</a>.