

Subaru Starlink Class Action Settlement Dispute Resolution Program

ARBITRATION REQUEST FORM

Consumer Information

NAME (last, first, middle)

STREET ADDRESS

CITY

STATE

ZIP

BEST DAYTIME NUMBER

EMAIL

Vehicle information

MAKE

MODEL

YEAR

VEHICLE IDENTIFICATION NUMBER

Other Information

On what date did you receive the Settlement Administrator's final determination denying you relief under the class action settlement?

What remedy are you seeking?

(Please refer to the Summary of Eligibility and Remedies for your class action settlement, attached to this form.)

Please attach all documents relevant to your dispute, including a copy of the final determination by the Settlement Administrator denying the remedy you are seeking.

VEHICLE OWNER'S SIGNATURE (Form must be signed by vehicle owner):

DATE:

By signing and submitting this form, I am requesting arbitration under the *BBB National Programs Arbitration Program - Information and Rules for Claims Arising Under Subaru Starlink Class Action Settlement*.

RETURN THIS FORM VIA MAIL, EMAIL, OR FAX TO THE FOLLOWING ADDRESS:

BBB National Programs, Inc.

ATTN: Subaru Starlink Class Action Settlement

1676 International Drive, Suite 550, McLean, VA 22102

FAX: 703-247-9700

EMAIL: ClassActionDR@bbbnp.org

