

## Notice of Withdrawal

**Instructions:** If the Claimant decides to withdraw a demand, the Claimant(s) or Counsel shall serve a notice of withdrawal upon Respondent, The Neutral Arbitrator, and the Independent Administrator. This form must be signed by all Claimant(s) or Counsel. Please sign this form and return it to the Independent Administrator as soon as possible. When we receive this notice, we will close the arbitration. See Rule 40. Return this form to:

Office of the Independent Administrator  
3580 Wilshire Boulevard, Suite 2020  
Los Angeles, California 90010  
Fax: 213-637-8658

**Arbitration Name:** \_\_\_\_\_ **Arbitration Number:** \_\_\_\_\_

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I withdraw the above referenced arbitration against Kaiser on behalf of the claimant(s).

\_\_\_\_\_  
Signature of Counsel

\_\_\_\_\_  
Date

I/We withdraw my/our claim against Kaiser.

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Date

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Claimant

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Date

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Date

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Claimant

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Date