EXHIBIT 5

Redacted copy of a "RSP Release"

MDL-926 REVISED BREAST IMPLANT SETTLEMENT PROGRAM RELEASE

If you have questions about this release, consult with your attorney. (If you do not have your own attorney, you can call the Claims Assistance Office, 513/651-8770.) You must sign this release and return it to the Claims Office before your Fixed Amount Benefit claim can be paid.

[redacted]-[redacted]-[redacted]
Social Security Number

[redacted]
First Name Last Name

I am a participant in the MDL-926 Revised Breast Implant Settlement Program. In return for receiving benefits under that program, I release and discharge any and all breast-implant related claims I may have, now or in the future, against the Settling Defendants and Released Parties listed on the other side of this form, relating to breast implants implanted before June 1, 1993.

I understand that this release does not in any way release any rights I might have to benefits as a participant in the revised settlement program, but does release all other claims, known or unknown, against Settling Defendants and Released Parties for all losses and damages of every kind which are in any way related to breast implants implanted before June 1, 1993. These claims include, but are not limited to, personal injury, wrongful death and exemplary, punitive and/or multiple statutory damages. I understand that this release will remain effective even if my health worsens, I discover new or additional facts, or there are any changes in applicable law. I further waive the provisions of Section 1542 of the Civil Code of the State of California and any other similar provisions of other states. I understand that this section provides:

> A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

I understand that this releases claims of anyone claiming through me, including my spouse, children, heirs, successors, assigns, executors, attorneys, agents, and any other legal representatives (but does not release any claims my children may have for their own personal injury.)

I agree that this release will remain effective even if the revised settlement program is changed or vacated in any way by any court or other entity. I understand that I will still receive any unpaid Fixed Amount Benefit installments and remain eligible, to the extent provided by the revised Notice, for rupture and explantation benefits.

I agree that this release extinguishes any claim relating to my implants that any other party may make for contribution or indemnity against a Settling Defendant or Released Party. If I bring suit against any other party relating to my breast implants, and if that party makes such a claim against a Settling Defendant or Released Party, I agree that the Settling Defendants and Released Parties will not have to pay, either directly or indirectly, any sum in excess of the amount I recover in the revised settlement program. I further agree to reduce any judgment I may obtain against any non-settling defendant or third-party to the extent necessary to assure that Settling Defendants and Released Parties do not have to pay anything further.

I understand and agree to the terms of this release. I declare under penalty of perjury that all the statements above are true and correct.

[redacted]
Date Signed

[redacted]
Signature of Claimant or her Court-Appointed Representative

When signed return to:
Claims Office
P.O. Box 56666
Houston, Texas 77256

Claims Administrator's Office
MDL-926
P.O. Box 56666
Houston, Texas 77256

[redacted]

Fixed Amount Benefit Schedule Release

Registration Number: [redacted]

Enclosed is a standard form release for your claim under the Fixed Amount Benefit Schedule. You have been approved at Atypical Connective Tissue Disease, Level C. Please read the release carefully before you sign it. Once you return this signed form to the Claims Office, we will instruct the Escrow Agent to issue the appropriate payment for your approved claim.

Please remember that your $5,000 advance payment will be deducted from the amount due you under the Fixed Amount Benefit Schedule. If your advance payment paid in full your existing Fixed Amount Benefit Schedule claim, we are sending this release in the event you later become eligible for additional benefits based on an approved rupture claim. Benefits of $25,000 or less will be paid in a single lump sum payment. If your claim was approved for a larger amount, your benefits will be paid in two equal annual installments.

CC: FARMER PRICE HORNSBY & WEATHERFORD
PO DRAWER 2228
DOTHAN, AL 36302