

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

RE: Consent to Pro Rata Distribution of [Settlement/Fund Name]

Dear [Client Name],

As previously discussed, a total sum of [Total Amount] has been recovered/received in connection with [Case Name or Matter Description].

Because this recovery involves multiple claimants, the funds will be distributed on a "pro rata" basis. This means each participant will receive a percentage of the total fund proportional to their individual [losses/claims/shares].

Based on this calculation, your distribution details are as follows:

- Total Settlement Amount: [Amount]
- Your Calculated Share: [Percentage]%
- Your Gross Distribution: [Amount]
- Deductions (Fees/Costs): [Amount]
- **Your Net Distribution: [Amount]**

By signing this letter, you acknowledge that you have been informed of the total amount being distributed and the method used to calculate your specific share. You hereby provide your informed consent to this pro rata distribution.

Please sign and return this document to proceed with the disbursement of your funds.

Sincerely,

[Your Name/Firm Name]

[Phone Number]

Client Acknowledgement and Consent:

I, [Client Name], have read the above and agree to the pro rata distribution as described.

Signature: _____ Date: _____