

APPENDIX “C” – OPT-OUT FORM

ACCIDENT VICTIM CLASS OPT-OUT FORM

Complete this form only if you want to **OPT OUT** of the Accident Victim Class Action.

If you opt out , you can start your own claim or legal proceeding at your **own expense** and **without the assistance of Class Counsel**, against the Defendant in relation to the claims advanced in this Class Action, and/ or claims that could have been advanced in this Class Action.

Last Name

First Name

Current Address

City

Prov./State

Postal Code/Zip Code

Date of Birth

Telephone Number (Work)

Telephone Number (Home)

Telephone Number (Cell)

For the purpose of opting out of the Accident Victim Class Action, you must complete the form and submit it to Class Counsel no later than February 27, 2026. If you meet those terms, you will not be part of the Accident Victim Class Action.

I UNDERSTAND THAT BY OPTING OUT, CLASS COUNSEL CANNOT REPRESENT ME IN ANY INDIVIDUAL ACTION I MAY BRING.

I FURTHER UNDERSTAND THAT BY OPTING OUT, I WILL BE RESPONSIBLE FOR ALL LEGAL FEES AND COSTS THAT MAY BE INCURRED BY ME IF I CHOOSE TO PURSUE MY OWN INDIVIDUAL CLAIM AND LITIGATION.

Signature: _____

Date Signed: _____

Class Counsel can be reached at:

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