

**OPT-OUT FORM**

**Class action n° 500-06-001054-200**

***Centre dentaire boulevard Galeries d'Anjou inc. v. L'Unique Assurances  
générales inc.***

I, the undersigned, \_\_\_\_\_, duly authorized representative  
(name in print)

of \_\_\_\_\_  
(name of firm or corporation in print)

(the **Clinic**), understand that it is a member of the class described in the class action.

I hereby confirm the Clinic's desire to be excluded from the class action and understand that the Clinic will not be bound by a final judgment in this proceeding.

And I have signed this \_\_\_\_\_ 2022

\_\_\_\_\_  
Signature

This form may be submitted directly to the Clerk of the Superior Court (in person, by mail, by registered mail or by certified mail) at the following address :

Grefe civil de la Cour supérieure  
PALAIS DE JUSTICE DE MONTRÉAL  
1, rue Notre-Dame Est  
Montréal (Québec) H2Y 1B6

No. 500-06-001054-200