BLONDIN c. COLOPLAST CANADA CORPORATION
No. 500-06-001051-206
QUEBEC PELVIC IMPLANTS SETTLEMENT
OPT-OUT FORM

ONLY SUBMIT THIS FORM IF YOU **DO NOT** WANT TO PARTICIPATE IN THE CLASS ACTION, THE SETTLEMENT OR SUBMIT A CLAIM

Instructions: Fill out and submit this form by mail, courier or email **ONLY IF YOU WISH TO BE EXCLUDED** from the proposed *Blondin c. Coloplast Canada Corporation* (Pelvic Implants) Settlement in Quebec.

1. REQUESTOR IDENTIFICATION

Provide the following information about the person submitting or, if applicable, on whose behalf you are submitting, an opt out request. **PLEASE USE PRINT**

Last Name:	First Name:	Middle Initial:
Address:		Suite Number:
City: / Province/State:	Postal Code/Zip Code:	Country:
Phone Number (if applicable):	Email Address (if applicable):	

2. REPRESENTATIVE IDENTIFICATION (IF SUBMITTING ON BEHALF OF A PERSON WHO IS DECEASED OR A MINOR OR FOR OTHER REASON)

If you are opting out of the proposed class action settlement on someone else's behalf, please provide the following personal identification information and attach a copy of your power of attorney, court order or other authorization that allows you to represent this person. Opt Out requests by a representative may only be made on behalf of someone who is a minor, an incapable person or deceased. **PLEASE USE PRINT**

YOU ARE SUBMITTING THIS FORM ON BEHALF OF SOMEONE WHO IS:

◯ DECEASED ◯ A MINOR ◯ OTHER REASON (Identify: _____)

Representative's Last Name:	Representative's First Name:	Representative's Relationship to Requestor:
Representative's Mailing Address:		Suite Number:
City: / Province/State:	Postal Code/Zip Code:	Country:
Representative's Phone Number:	Representative's Email Address:	Representative's Firm Name (if applicable):

3. REASON FOR OPT-OUT (OPTIONAL)

You may provide reasons for your choice of opting-out. This section is entirely optional and does not impact your rights. **PLEASE USE PRINT.**

I wish to be excluded from the proposed Settlement because:

4. I WISH TO OPT OUT

Check the box below to confirm your intention to opt out of the proposed *Blondin c. Coloplast Canada Corporation* (Pelvic Implants) Settlement, which intervene in file No. 500-06-001051-206.

I wish to be excluded from the *Blondin c. Coloplast Canada Corporation* (Pelvic Implants) Settlement and I am opting out.

☐ **I OPT OUT**

By signing this opt-out form, you understand that you hereby manifest your decision to opt out of this Class Action and understand that you will not be entitled to any compensation as part of the Settlement reached in this class action.

5. SIGNATURE

_____ _____ _____ _____

Your Signature YYYY MM DD

If you wish to opt out of the proposed class action Settlement, your Opt-Out Form and any attachment **MUST** be received on or before **August 4, 2023,** by the Clerk of the Superior Court at the following address:

Clerk of the Superior Court of Montreal
Montreal Courthouse
1 Notre-Dame St. East,
Montreal, Quebec H2Y 1B6

A copy of your opt-out form can also be sent to Class Counsel, Mtr. Jimmy Lambert, by email at jlambert@lambertavocats.ca.

If you submit this form, you will not be able to claim a compensation under the proposed class action Settlement.