

OPT-OUT FORM BAAZOV CLASS ACTION

This is **NOT** a claim form. Completing this form will exclude you from receiving any compensation arising out of any settlement or judgment in this class proceeding.

Complete and return this Opt-Out Form by no later than January 16, 2021, ONLY IF YOU DO NOT WISH TO PARTICIPATE IN THE CLASS ACTION.

Name: <input style="width: 95%; height: 25px;" type="text"/>	Organization and title (if applicable): <input style="width: 95%; height: 25px;" type="text"/>
Address: <input style="width: 95%; height: 150px;" type="text"/>	Phone Number: <input style="width: 95%; height: 25px;" type="text"/>
	Fax Number: <input style="width: 95%; height: 25px;" type="text"/>
	Email Address: <input style="width: 95%; height: 25px;" type="text"/>

Please indicate below the number and type of securities that you acquired during the period from and including February 1, 2016 and November 21st, 2016 held them until after November 22, 2016. Please use additional paper, if necessary.

Type of Security	CUSIP No.	Date of Acquisition and Sale (if sold)	Held between February 1, 2016 and November 21, 2016, and held after November 22, 2016 (Y/N)	Number of Securities

I believe that **I am/the organization that I represent** is a member of the Class in the Class Action.

I believe that **I am not/the organization that I represent is not** amongst the persons and entities excluded from the Class Action.

I understand that by opting out of the Baazov Class Action, **I will not be eligible/the organization that I represent will not be eligible** for any benefit that may be available to the Class upon resolution from this matter, if and when such resolution may occur.

I, _____ (print your full name), **OPT OUT FROM THE CLASS ACTION**, and wish to be excluded from this class action.

I wish to opt out from this class action for the following reason(s) (optional):

I, _____ (print your full name), **CERTIFY** that the information provided herein is complete and true.

Date

Signature

In order to validly opt out, you must complete and send this Opt-Out Form by no later than January 16, 2021 to:

**Trilogy Class Action Services, Administrator
Securities Class Action Administration
117 Queen Street,
P.O. Box 1000,
Niagara-on-the-Lake, ON L0S 1J0
Or by fax to: 1-416-342-1761**

**Palais de justice de Montréal
Court file no : 500-06-000859-179
1 rue Notre-Dame Est, room 1.120
Montréal, Québec H2Y 1B6**

- Je crois que **je suis/l'organisation que je représente est** membre du groupe de l'action collective.
- Je crois que **je ne suis pas/l'organisation que je représente n'est pas** parmi les personnes ou entités exclues de l'action collective.
- Je comprends qu'en m'excluant de l'action collective, **je ne serai pas admissible / l'organisation que je représente ne sera pas admissible** à aucun avantage disponible au Groupe lors de la résolution de l'affaire, le cas échéant.

Je, _____ (**votre nom**), **M'EXCLUS DE L'ACTION COLLECTIVE.**

Je souhaite m'exclure de cette action collective pour les raisons suivantes (facultatif):

Je, _____ (**votre nom**), **CERTIFIE** que l'information fournie ici est complète et véridique.

Date

Signature

Afin de pouvoir valablement vous exclure, vous devez remplir et envoyer ce formulaire d'exclusion le, ou avant le 16 janvier 2021 à:

**Trilogy Class Action Services, Administrator
Administration Actions Collectives
117 Queen Street,
P.O. Box 1000,
Niagara-on-the-Lake, ON L0S 1J0
Ou par télécopieur: 1-416-342-1761**

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