OBJECTION FORM

ONLY SUBMIT THIS FORM IF YOU WISH TO <u>OBJECT</u> TO THE PROPOSED SETTLEMENT AND/OR LEGAL FEES OF CLASS COUNSEL

SEND YOUR OBJECTION FORM TO: info@metiscsaclassaction.ca OR

Métis Child and Family Services Authority

Administrator, Lafontaine Class Action re: Children's Special Allowance c/o Epiq Class Action Services Canada Inc. P.O. Box 507 STN B Ottawa ON K1P 5P6

YOUR OBJECTION MUST BE RECEIVED BY: AUGUST 26, 2024, 5:00 P.M. CENTRAL TIME

Objector's Contact Informatio	11.							
First Name		Last Name						
Mailing Address		I						
City	Province		Postal Code					
Telephone Number		Email Address:						
Brief Statement of the Nature and Reasons for Objection: I am objecting to the Proposed Settlement or legal fees for the following reasons:								

Authorized by the Court of King's Bench of Manitoba

Inter	ntion to Appear at the	Settlement .	Approval Heari	ng:					
	I do not intend to appear at the Settlement Approval Hearing on September 5-6, 2024, and I understand that my objection will be filed with the Court prior to the hearing.								
	I intend to appear, in person or by counsel, and to make submissions at the Settleme Approval Hearing on September 5-6, 2024.								
	You do not need a lassubmission at the Sethrough a lawyer, pleas	ttlement Appr	oval Hearing; ho	wever, if you	ı will be participating				
	Lawyer's First an	Lawyer's First and Last Name		Lawyer's Law Firm					
	Lawyer's Mailing Address								
	City		Province		Postal Code				
	Lawyer's Telepho	Lawyer's Telephone Number		Lawyer's Émail Address:					
Atte	station:								
	I attest that I am a Cla Class Actions.	ass Member, (or legal guardian	of a Class I	Member, of one of the three				
	The information in thi	s Objection Fo	orm is true and c	orrect to the	best of my knowledge.				
Sign	ed on	, 2024, in	City	,Pr	ovince .				
Printed Name		_	Signature						