

OPT-OUT FORM

****ONLY SUBMIT THIS FORM IF YOU WISH TO OPT-OUT OF THE CLASS PROCEEDING****

SEND YOUR OPT-OUT FORM TO: info@metisclassaction.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 OPT-OUT MUST BE RECEIVED BY: **AUGUST 26 2024, 5:00 P.M. CENTRAL TIME**

First Name		Last Name	
Mailing Address			
City	Province		Postal Code
Telephone Number		Email Address	

If you are acting on behalf of a Class Member, please provide your authority to act:

I confirm that I wish to opt-out of the Lafontaine Class Action.

By opting-out, I understand that:

- I will not be entitled to participate in the Class Action;
- I will not be bound by any judgment in the Class Action; and
- I will not be eligible for any recovery in the Class Action.

Signature of Class Member (or Representative)

Date (dd/mm/yy)

GET MORE INFORMATION:

Call Toll Free: 1-877-835-4546 or visit <http://metisclassaction.ca>