

**OPT OUT FORM – EXCLUSION FROM RECEIVING MONEY**

To: **LGBT PURGE Class Action Administrator**  
**c/o Deloitte, Bay Adelaide East, 8 Adelaide Street West, Suite 200, Toronto ON, M5H 0A9**

This is **NOT** a claim form. If you submit this form, you will not receive any money or benefits from the LGBT Purge settlement.

**I understand that by opting out of this class proceeding, I am confirming that I do not wish to participate in this class action. I understand this means I will not receive any money or benefits from the settlement.**

**I confirm that by signing this form, and answering “yes” the below box, I am forever waiving my right to any money or benefits in this settlement for the harm caused to me by the LGBT Purge.**

**I decline payment and benefits from the settlement for the harm caused to be by the LGBT Purge.**

\_\_\_\_\_ [Yes or No]

**To opt out, this coupon must be properly completed and received at the above-address no later than September 20, 2018.**

I understand that any lawsuit I have against Canada for the LGBT Purge must be commenced within a specified time period or it might be legally barred. I understand that the time period will resume running against me if I opt out of this class proceeding. I understand that by opting out, I take full responsibility for the resumption of the running of any relevant time periods and for taking all necessary legal steps to protect any claim I may have.

Date: \_\_\_\_\_

\_\_\_\_\_

Name of Class Member: \_\_\_\_\_

Signature of Class Member: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

If Class Member is Deceased or Disabled, Name of Estate Administrator or Guardian of Property: \_\_\_\_\_

If Class Member is Deceased or Disabled, Signature of Estate Administrator or Guardian of Property: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**If the class member is deceased or disabled, you must enclose a copy of the document appointing you as guardian of property or estate administrator.**