

OPT OUT FORM – EXCLUSION FROM RECEIVING MONEY

To: **Sixties Scoop Class Action Administrator**
c/o Collectiva Class Action Services Inc.
1176 Bishop Street, Suite 208
Montreal, Quebec H3G 2E3
Phone number: 1-844-287-4270
Fax: 514-287-1617
Email: sixtiesscoop@collectiva.ca

This is **NOT** a claim form. If you submit this form, you will not receive any money from the Sixties Scoop settlement.

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

I confirm that by signing this form, and answering "yes" the below box, I am forever waiving my right to collect up to \$50,000.00 in this settlement for being removed from my home and placed into the care of non-indigenous parents.

I decline payment from the settlement for being scooped from my home:

_____ [Yes or No]

To opt out, this coupon must be properly completed and received at the above-address no later than October 31, 2018.

Choose one of the below:

I am a Registered Indian and my status number is: _____

I am not a Registered Indian but I am entitled to be a Registered Indian for the following reason: _____

I am a non-Status Indian: _____

I am Inuit: _____

I am Métis: _____

I understand that lawsuit I have against Canada for the Sixties Scoop 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.