OPT-OUT FORM

TO: Thalidomide Survivors Contribution Program Class Proceeding Koskie Minsky LLP 20 Queen Street West, Suite 900 Toronto, Ontario M5H 3R3

Tel: 1-866-474-1741

Email: thalidomideclassaction@kmlaw.ca

This is NOT a claim form.

Completing this OPT-OUT FORM will EXCLUDE you from receiving any benefit from a settlement or judgment in the class proceeding named *Bruce Wenham v. The Attorney General of Canada*, Federal Court File No. T-1499-16.

***THIS CLASS **PROCEEDING** RELATES TO THE 2015 THALIDOMIDE SURVIVORS CONTRIBUTION PROGRAM. YOU MAY APPLY FOR COMPENSATION UNDER THE 2019 **CANADIAN** THALIDOMIDE SURVIVORS SUPPORT PROGRAM WHETHER OR NOT YOU PARTICIPATE IN OR OPT OUT OF THIS CLASS PROCEEDING. HOWEVER, THE ELIGIBILITY CRITERIA AND **REQUIREMENTS** 2019 **EVIDENTIARY OF** THE **CANADIAN** THALIDOMIDE SURVIVORS SUPPORT PROGRAM HAVE NOT BEEN ANNOUNCED. IT IS NOT KNOWN AT THIS TIME WHETHER THE NEW CRITERIA AND REQUIREMENTS WILL ADDRESS THE CONCERNS OUTLINED IN THIS PROCEEDING.

I do <u>not</u> want to participate in the class proceeding styled as *Wenham v Canada*, alleging that the rejection of my application to the 2015 Thalidomide Survivors Contribution Program was unfair, should be set aside and reconsidered.

I understand that by opting-out of this class proceeding, I am confirming that I do not wish to participate in this class proceeding and will not be entitled to benefit from any remedy ordered by the Federal Court if the case

is successful. I confirm that if I opt-out, and if I wish to seek judicial review in respect of a decision rejecting my application for compensation under the 2015 Thalidomide Survivors Contribution Program I may be subject to the applicable time limits, and I will be responsible to pursue the application on my own and to hire my own counsel.

DATE:	
	Signature
	Print Name
	Address
	City, Province, Postal Code
	Telephone
	Email

This Notice must be delivered (or postmarked) by regular mail or email on or before May 27, 2019 to be effective.