

REVOCATION OF OPT OUT FORM

DEADLINE FOR REVOKING OPTING OUT: JULY 12, 2021

TO: **THALIDOMIDE SURVIVORS CONTRIBUTION PROGRAM CLASS PROCEEDING**

Koskie Minsky LLP, 20 Queen Street West, Suite 900, M5H 3R3

Completing this REVOCATION OF OPT OUT FORM will mean that YOU WILL be considered a Class Member and you will be entitled to any benefits extended to Class Members in the settlement agreement that was approved by the Federal Court.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR LEGAL RIGHTS, PLEASE CONTACT CLASS COUNSEL at the address or phone number above.

You must fill out the form below by checking all the boxes provided

I previously opted out of the proceeding, and now wish to revoke that opt out. Yes No

- I understand that by opting back into this class proceeding, I may be eligible to receive the benefits of the settlement that was approved by the Federal Court but that I will be bound by the deemed release and will not be eligible to pursue any legal action against Canada in relation to the denial of my application to the Thalidomide Survivors Contribution Program.
- I understand that by opting back into this class proceeding, I may be required to contribute to the payment of Class Counsel fees, disbursements and taxes.

Full Name: _____ Date: _____
Signature: _____ Email Address: _____
Address: _____ Phone Number: _____