

BREWERS RETAIL INC. Salaried Pension Plan Class Proceeding

OBJECTION FORM

The parties to the **Brewers Retail Inc. (“BRI”) Salaried Pension Plan Class Proceeding** (the “Class Proceeding”) have reached a Settlement, which is to be submitted to the Ontario Superior Court of Justice (the "Court") for approval.

You may file this Form to OBJECT to the terms of the Settlement, and/or to OBJECT to the fees claimed by Class Counsel.

If you file this Form, you are **not** removing yourself from (opting out of) the Class Proceeding. If the Settlement is approved by the Court, you will still be able to participate in any applicable benefits.

Please read the entire Form and follow the instructions carefully.

In order for the Court to consider your Objection, you must complete this Form and sign and send it to Class Counsel by prepaid mail or courier, or by email, so that it is **received** at the address below by **no later than May 3, 2024**:

Kaplan Law, attn. Ari Kaplan
393 University Avenue, Suite 2000
Toronto ON M5G 1E6
Tel: (416) 565-4656
Email: info@kaplanlaw.ca

I. Personal Information: Please provide the following information about yourself, or, if you are filing this Objection Form as the legal agent of a Class Member, please provide the following information about the Class Member.

First Name	Middle Initial	Last Name
Street Address		Apt. No.
City	Province/Territory	Postal Code
Daytime Phone Number () -	Email address	Gender (circle one) M F

IV. Appearance: Please confirm whether you or your representative intends to appear at the Final Approval Hearing on **June 17, 2024** (*circle one*):

Yes (I / or my counsel intends to appear)

No (I do not intend to appear myself or by counsel)

If you intend to appear by counsel, please provide the name, address, telephone number and email address of your lawyer:

Name of Counsel	
Address	
Telephone Number	
Email Address	

V. Acceptance and Acknowledgement

This Form states my objection to the proposed Settlement and/or to Class Counsel fees. I understand (or, if I am the legal agent for the Class Member, I confirm that the above-named Class Member understands) that by filing this Form, I am **not** (or he/she is not) opting out of the Class Proceeding, and I (or he/she) remain bound by the Court's decision and will be eligible to receive benefits if the Settlement is approved.

Date signed

Signature
(Class Member, or legal representative)

If you have questions about using or completing this Objection Form, please contact your own lawyer at your own expense, or contact Class Counsel, as above.