

Opt Out Form

The Personal Insurance Company Privacy Class Action

If you decide you do not want to participate in this lawsuit, you must exclude yourself from the action - this is sometimes referred to as "opting out." If you exclude yourself, you will not receive any money or benefit from the Settlement that has been approved by the Court. You will not be bound by any Court orders, and you keep your right to sue the defendants regarding the issues in this case. You cannot change your mind later and opt back into the Class Action.

In order to exercise your right to exclude yourself from the Class, this Opt Out Form must be completed and submitted to the Claims Administrator via email at personalprivacy@classaction2.com or at the address below and postmarked **no later than December 6, 2019** at 11:59 pm EST.

The Personal Privacy Class Action
Claims Administrator
c/o CA2 Inc.
9 Prince Arthur Avenue
Toronto, ON M5R 1B2

DO NOT COMPLETE THIS FORM IF YOU WISH TO PARTICIPATE IN THE SETTLEMENT

Contact Information

First Name

Middle Name

Last Name

Current Mailing Address

Street Address

City/Municipality

Province/Territory

Postal Code

The Personal Automobile
Insurance Policy Number

Telephone Number

Email Address

Declaration

1. I understand that I will not receive any money or benefit that may be obtained as a result of this lawsuit or the Settlement.
2. I declare under penalty of perjury that all of the information provided in this Opt Out Form is true and correct.
3. I understand that any individual action must be commenced within a specified limitation period or it will be legally barred.
4. I understand that certification of this class proceeding suspended the running of the limitation period from the time the class proceeding was filed. The limitation period will resume running against me if I opt out of this class proceeding.
5. I understand that by opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking all necessary legal steps to protect any claim I may have.

Signature

Date

Signature of Class Member

Signature of Witness

Print Name

Print Name

Privacy Statement

Personal Information regarding Claimants is collected, used, and retained by the Claims Administrator pursuant to section 7(3)(c) of the Personal Information Protection and Electronic Documents Act, SC 2000, c 5:

- For the purpose of administering The Personal Insurance Company Privacy Class Action;
- To evaluate the Claimant's eligibility under the Settlement; and
- Is strictly private and confidential and will not be disclosed without the express written consent of the Claimant except as provided for in the Settlement.