

Opt-Out Form

Canadian ACTOS[®]/Pioglitazone Settlement

This is NOT a Claim Form. This Form EXCLUDES you and members of your family from the Canadian ACTOS[®]/Pioglitazone Class Actions (“the Proceedings”). DO NOT use this Opt-Out Form if you wish to seek compensation under the Canadian ACTOS[®]/Pioglitazone Settlement.

Unless otherwise indicated herein, capitalized terms have the meanings set out in the Settlement Agreement.

To be effective as an election to opt-out of the Proceedings, this Opt-Out Form must be completed, signed and received by the Claims Administrator **no later than: JANUARY 26, 2021.**

PRIVACY STATEMENT

Personal Information provided on this form by Class Members who wish to Opt Out of the Proceedings is collected, used, and retained by the Claims Administrator pursuant to the Personal Information Protection and Electronics Documents Act. S.C. 2000, c.5 (PIPEDA):

- To identify and maintain a record of those Class Members who elect to Opt Out of the Proceedings in accordance with the terms of the Orders of the Courts.

Information collected on this form will be maintained on a private and confidential basis by the Parties and/or their counsel and the Claims Administrator and will not be disclosed without express written consent except as provided for herein or as may be required by the terms of the Settlement Agreement or an Order of the Courts.

Please read the entire form and follow the instructions carefully.

I. Personal Information

Please provide the following information about yourself, or, if you are filling this Opt-Out Form as the legal representative of a Class Member, please provide the following information about the Class Member.

First Name

Middle Initial

Last Name

Street Address

Apt. No.

City/Municipality

Province/Territory

Postal Code

Daytime Phone Number

Evening Phone Number

Gender (check one)

 M F

Date of Birth (MM/DD/YYYY)

Date of Death (if applicable)

Drug(s) Used (check all that apply):

ACTOS®

APO-Pioglitazone

SANDOZ-Pioglitazone

Date(s) of usage:

II. Legal Representative Information (if applicable):

If you are filing this Opt-Out Form as the legal representative of a Class Member or a Class Member's estate, please provide the following information about yourself and attach a copy of your court approval or other authorization to represent the Class Member identified in I. above.

First Name

Middle Initial

Last Name

Street Address

Apt. No.

City/Municipality

Province/Territory

Postal Code

Daytime Phone Number

Evening Phone Number

Relationship to Class Member

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

Minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor);

A mentally incapable person (copy of a continuing Power of Attorney for Property, or a Certificate of Statutory Guardianship);

The estate of a deceased person (Letters of Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

III. Lawyer Information (if applicable):

If you, or the Class Member, has hired a lawyer in connection with a claim arising from the Class Member's use of ACTOS®, APO-Pioglitazone, and/or SANDOZ-Pioglitazone, please provide the following information about the lawyer:

Law Firm Name

Lawyer's First Name

Lawyer's Last Name

Lawyer's Phone Number

IV.

Why do you (or the Class Member, if you are the Class Member's legal representative) wish to Opt Out?

V. Acceptance and Acknowledgement

I have read the foregoing and understand that by opting out, I will never be eligible to receive any compensation pursuant to the Canadian ACTOS®/Pioglitazone Settlement. I further understand that by opting out, all personal representatives, all family members who might otherwise make a claim for compensation are deemed to have opted out as well.

Signature (Class Member or Executor, Administrator, or Personal Representative)

Date

To be effective as an election to Opt Out of the Proceedings, this Form must be completed, signed, sent to the Claims Administrator at the address listed below, by regular mail, courier or fax and must be received by the Claims Administrator **no later than: JANUARY 26, 2021**.

If you have questions about using or completing this Opt-Out Form, please contact your lawyer or contact the Claims Administrator via email at piosettlement@classaction2.com. All Opt-Out Forms must be submitted to the Claims Administrator, whose information is as follows

**Canadian ACTOS®/Pioglitazone Settlement
Claims Administrator
c/o CA2 Inc.
9 Prince Arthur Avenue
Toronto, Ontario M5R 1B2**

THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL