

OPT OUT FORM
Dr. Solomon Class Action

TO: THOMSON, ROGERS

I, _____ (*insert full name*), have received Notice of Settlement of the Dr. Solomon Class Action.

I believe that I am a *Class Member*.

I was notified by the police that I was surreptitiously video recorded by Dr. Solomon.

I do NOT wish to participate in the Dr. Solomon Class Action and I hereby Opt Out of the Dr. Solomon Class Action.

I understand that by opting out of this class action I will not be eligible for any benefit that may be available to the Class upon resolution of this matter.

Signed: _____ Date: _____

Insert Mailing Address:

THIS FORM MUST BE SUBMITTED ON OR BEFORE JULY 1, 2020

Please send this completed form to:
Thomson, Rogers to the attn. of Lucy Jackson, by either:
Email: Ljackson@thomsonrogers.com
Courier or mail: 3100-390 Bay Street, Toronto, ON, M5H 1W2