

CANADA-WIDE ALLERGAN BREAST IMPLANT CLASS ACTION

OPT-OUT FORM

www.AllerganBreastImplants.ca

This Form EXCLUDES you and members of your family from the Canada-Wide Allergan Breast Implant Class Action. DO NOT use this Opt-Out Form if you wish to remain a Class Member and participate in the Class Action.

This Form MUST be read together with the Certification Notice, which is available at www.AllerganBreastImplants.ca or on Class Counsel's websites or by mail from Class Counsel upon request. Capitalized terms used but not defined in this form have the meanings given to them in the Certification Notice. Website and other contact information for Class Counsel is provided below.

To be effective as an election to opt out of the Class Action, this Opt-Out Form must be completed, signed AND RECEIVED by the Administrator, Epiq Class Action Services Canada Inc. **by no later than: June 30, 2025**

PRIVACY STATEMENT

Personal information¹ provided on this form by Primary Class Members who wish to opt out of the Class Action is collected, used, and retained by Class Counsel and Defendants' Counsel pursuant to the *Personal Information Protection and Electronics Documents Act*, S.C. 2000, c.5 (PIPEDA):

- To identify and maintain a record of those Primary Class Members who elect to opt out of the Class Action in accordance with the terms of the Contested Certification Order of Justice E.M Morgan dated December 21, 2022, and issued on May 4, 2023.

Information collected on this form will be maintained private and confidential and will not be disclosed without express written consent except as provided for herein or as may be required by law.

Please read the entire form and follow the instructions carefully.

I. Personal Information: Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the duly authorized representative of a Primary Class Member, please provide the following information about the Primary Class Member.

First Name	Middle Initial	Last Name	
Street Address		Apt. No.	
City	Province/Territory	Postal Code	
Daytime Phone Number () -	Evening Phone Number () -		

¹ As defined in PIPEDA.

Date of Birth	Date of Death (if applicable)
Day / Month / Year	Day / Month /Year
Model(s) of Allergan Breast Implant(s), if known: Date(s) of implant: Date(s) of explant (if applicable):	

II. Class Member Representative Information (if applicable): If you are completing this Opt-Out Form as the duly authorized representative of a Primary Class Member under a legal disability or a Primary 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 Primary Class Member identified in Section I. above.

First Name	Middle Initial	Last Name	
Street Address			Apt. No.
City	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 representative of the Primary Class Member and check the box below describing the Primary Class Member's status:

☐

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 Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

III. Lawyer Information (if applicable): If you (or the Primary Class Member, as applicable) have hired a lawyer in connection with a claim arising from the Primary Class Member's implantation with one or more of the Textured Breast Implants or Allergan Silicone Breast Implants, please provide the following information about the lawyer:

Law Firm Name	
Lawyer's First Name	Lawyer's Last Name

V. Acceptance and Acknowledgement

I have read the foregoing and understand that by opting out, I will never be eligible to participate as a Primary Class Member in the Class Action and will not be eligible to seek any future compensation pursuant to any favourable judgment or settlement reached in the Class Action.

I further understand that by opting out, all personal representatives and all family members who might otherwise make a claim for compensation (i.e. Family Class Members) are deemed to have opted out as well.

Signature

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

Date Signed

To be effective as an election to opt out of the Class Action, this Form MUST be completed and signed by the Primary Class Member or, where the Primary Class Member is under a legal disability, by the Primary Class Member's duly appointed representative. An Opt-Out form MAY NOT be signed by a legally competent Primary Class Member's lawyer.

All completed and signed Opt-Out Forms must be sent to the Administrator at the address listed below by regular mail, courier, fax or email and must be received **by no later than June 30, 2025:**

Epiq Class Action Services Canada Inc.

Attention: Allergan Breast Implant Class Action Administrator

PO Box 507 STN B

Ottawa, ON K1P 5P6

Email: info@AllerganBreastImplants.ca

Telephone: 1-888-870-0704

Fax: 1-866-262-0816

If you have questions about using or completing this Opt-Out Form, please contact your lawyer or call Class Counsel at one of the telephone numbers listed below:

Rochon Genova

121 Richmond St. W.

Suite 900

Toronto, ON

M5H 2K1

1-866-881-2292

www.rochongenova.com

Thomson Rogers LLP

390 Bay St.

Suite 3100

Toronto, ON

M5H 1W2

1-888-223-0448

www.trlaw.com

Rice Harbut Elliott LLP

980 Howe Street

Suite 820

Vancouver, BC

V6Z 0C8

1-604-682-3771

www.rhelaw.com

Merchant Law Group LLP

2401 Saskatchewan Drive

Suite 100

Regina, SK

S4P 4H8

1-877-359-7777

www.merchantlaw.com

Class Counsel for the Québec class action (S.C.M. file no: 500-06-000966-198) which was suspended until final judgment is rendered in this Class Action are:

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Montréal QC H2Y 1N3
(514) 379-1572
jzukran@lpclex.com
www.lpclex.com/breastimplants

Mtre Joel Banon

Tiger Banon Inc.
1010, Sherbrooke West, Suite 716
Montréal QC, H3A 2R7
(514) 284-8401 ext. 103
jbanon@tigerbanon.com
www.tigerbanon.com

This Opt-Out Form was authorized by the Ontario Superior Court of Justice. Please do not contact the Court.