

OPT OUT FORM

CANADIAN AVANDIA LITIGATION

This is an **opt out form**. You should only fill out this form if you want to be **excluded** from the Avandia class action. The class action relates to cardiovascular injuries allegedly related to the use of Avandia. The Defendants deny the allegations made in the class action. If you have any questions, contact class counsel toll free at 1-800-465-8794 or online at classaction@wagners.co.

This form must be submitted no later than January 15, 2019

You may submit this form one of two ways:

- By email to classaction@wagners.co: To submit the form by email, fill it out and scan it and send the attachment to classaction@wagners.co.
- By mail to:

Avandia Opt Out
c/o Wagners
1869 Upper Water St.
Halifax, NS, B3J 1S9

If you do not submit this form in time, you will not be able to opt out. In the case of email submissions, the form will be deemed to have been submitted when received. In the case of mail submissions, the form will be deemed to have been submitted when postmarked.

For more information about the Canadian Avandia litigation, see the “Long Form Notice” available at <http://www.wagners.co/current-class-actions/avandia> and on the settlement website at www.avandiaclassaction.com.

Class Counsel are:

SISKINDS LLP
680 Waterloo Street
P.O. Box 2520
London, ON, N6A 3V8

(800) 461-6166 x2367
(519) 672-2121 x2367
avandia@siskinds.com

WAGNERS
1869 Upper Water St.
Halifax, NS, B3J 1S9

(800) 465-8794
(902)425-7330
classaction@wagners.co

Personal Information

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

Name used by the person who consumed Avandia:

Last Name	First Name	Middle Initial	Health Card Number	Date of Birth
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Current or last known residence address used by the person who consumed Avandia:

Street Address

City	Province/Territory	Postal Code
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Daytime Phone Number	Evening Phone Number	E-mail Address

Please provide the particulars in question. If you do not know or are uncertain of the answer, please so indicate.

Avandia Use Information

Date when first prescribed Avandia: _____

Prescribing physician(s) _____

Date of discontinuance of Avandia (If applicable) _____

Injury Information

Which of the following injuries did you suffer?

- received a final diagnosis of a myocardial infarction (which includes a final diagnosis in medical records generated in the course of medical care that interpret clinical signs and/or diagnostic tests as establishing the occurrence of an MI at or about such time or, alternatively for purposes of this criterion, death from a cardiac event in the absence of any other cause of death);
- received a final diagnosis of initial onset or exacerbation of congestive heart failure (“CHF”) (which includes a final diagnosis in medical records generated in the course of medical care that interprets clinical signs and/or diagnostic tests as establishing the initial onset or exacerbation of CHF at or about such time);
- underwent a coronary artery bypass graft (CABG); or
- underwent a percutaneous coronary intervention with stent placement.

Date of injury: _____

Location/facility where injury was treated _____

Treating physician(s) _____

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 "Personal Information" above.

Last Name	First Name	Middle Initial
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Street Address

City	Province/Territory	Postal Code
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()	()	
Daytime Phone Number	Evening Phone Number	E-mail Address

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). Date of birth of the minor: _____

a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);

Certificate of Appointment as Estate Trustee. Date of death: _____

Lawyer Information (if applicable)

If you or the Class Member have hired a lawyer in connection with a claim arising from the Class Member's Avandia use, in any way, please provide the following information about the lawyer:

Last Name	First Name	Middle Initial
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Street Address

City	Province/Territory	Postal Code
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() Office Phone Number	() Fax Number	E-mail Address
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Law Society Number

If a claim has been filed:

Date of Issuance	Court File No	Jurisdiction of Filing
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Acceptance and Acknowledgement

I have read the foregoing and reviewed and understand the Long Form Notice. I understand that by checking the box below, I am indicating my intention to OPT OUT of the class action relating to Avandia.

I hereby opt out of the Avandia class action

I understand that by opting out:

- I will not be a member of the class and will never be eligible to receive any compensation through the class action opted out of.
- All family members who might otherwise be Class Members by virtue of a personal relationship with me are deemed to have opted out as well.
- I will not be entitled to participate in the designated class action.
- I will not be entitled to participate in the class action settlement.

By signing this form, I acknowledge that I have reviewed and understand the Long Form Notice

Date

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

To be effective as an election to opt out, this Form must be completed, signed and sent, as outlined above, **no later than January 15, 2019**

The consequences of returning this Opt-Out Form are explained in the Long Form Notice. If you have questions about using or completing this Form, contact your lawyer or Class Counsel at (800) 465-8794.

THE INFORMATION CONTAINED IN THIS FORM WILL BE PROVIDED TO THE DEFENDANTS. ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL WITHIN THIS PROCEEDING