

# PER MINUTE CLASS ACTION (BELL MOBILITY) OPT-OUT FORM

**This is NOT a Claim Form. You should only fill out this form if you want to be EXCLUDED from the Per Minute Class Action against Bell Mobility.**

To be effective as an election to opt-out of the Per Minute Class Action against Bell Mobility, this Opt-Out Form must be completed, signed and received by *RicePoint Administration Inc.* **no later than April 30, 2017.**

You may submit this form in one of two ways:

1. by email to [perminuteaction@ricepoint.com](mailto:perminuteaction@ricepoint.com); or
2. by mail to:  
Per Minute Class Action (Bell Mobility)  
PO Box 4454  
Toronto Station A  
Toronto ON M5W 4B1

If you do not submit this form in time you will not be able to opt out. If you have any questions, contact *RicePoint Administration Inc.* at 1-888-663-7190 or [perminuteaction@ricepoint.com](mailto:perminuteaction@ricepoint.com).

Class Counsel are:

**ROCHON GENOVA LLP**

900-121 Richmond St. W.  
Toronto ON M5H 2K1

Joel P. Rochon

1-866-881-2292

**KARP LITIGATION**

1708-5000 Yonge Street  
Toronto ON M2N 7E9

Eliezer Karp

416-769-4107

**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 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	Province/Territory	Postal Code
Daytime Phone Number ( ) -	Evening Phone Number ( ) -	Gender (circle one) M F
Date of Birth Day / Month / Year	Date of Death (if applicable) Day / Month / Year	

**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	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 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 services of Bell Mobility Inc. on either a pre-paid plan or a monthly plan, please provide the following information about the lawyer:

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

**IV. Acceptance and Acknowledgement**

**I have read the foregoing and understand that by opting out, I will never be eligible to receive any compensation in relation to the Per Minute Class Action against Bell Mobility. 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.**

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature

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

**THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL**