

**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 [perminuteclassaction@ricepoint.com](mailto:perminuteclassaction@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 [perminuteclassaction@ricepoint.com](mailto:perminuteclassaction@ricepoint.com).

Class Counsel are:

**ROCHON GENOVA LLP**  
900-121 Richmond St. W.  
Toronto ON M5H 2K1

**KARP LITIGATION**  
1708-5000 Yonge Street  
Toronto ON M2N 7E9

Joel P. Rochon

Eliezer Karp

1-866-881-2292

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 Name	Last Name
Street Address		Apt. No.
City	Province/Territory	Postal Code
(     )     -	(     )     -	M            F
Daytime Phone Number	Evening Phone Number	Gender (check one)
Day     / Month     / Year	Day     / Month     / Year	
Date of Birth		Date of Death (if applicable)

**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 Name	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**