

OPT-OUT FORM

TO: [CLASS ACTION ADMINISTRATOR]

[Address]

[Email]

[Fax]

[Phone number]

I do not want to participate in the class actions styled as *Xavier Moushoom et al v. The Attorney General of Canada* and *Zacheus Trout et al v. The Attorney General of Canada* regarding the claims of discrimination against First Nations children and families. I understand that by opting out, **I will NOT be eligible for the payment of any amounts** awarded or paid in the class actions, and those associated with the Canadian Human Rights Tribunal File No.: T1340/7008. If I want an opportunity to be compensated, I will have to make a separate individual claim and if I decide to pursue my own claim, and I want to engage a lawyer this will be at my own expense.

Please state your reason for opting out: _____

If you are sending this form on behalf of someone else, what is your full name and relationship to that person: Full Name: _____ Relationship: _____

Date: _____

Signature

Full Name of the Person Opting Out

Date of Birth of the Person Opting Out

Indian Registry/Status Number (if available)
of the Person Opting Out

Address of the Person Opting Out

Reserve/Town/City, Province, Postal Code

Telephone

Email

This notice must be delivered on or before [DATE] to be effective.