

**OPT OUT FORM
INVOKANA CLASS ACTIONS**

If you are a Québec Class Member, Complete and return this Opt-Out Form by no later than November 21, 2022, ONLY IF YOU DO NOT WISH TO PARTICIPATE IN THE INVOKANA CLASS ACTIONS.

For the purposes of this Opt Out Form, the following definitions apply:

“Settlement” means the settlement agreement made as between the Plaintiffs and the Defendants, a copy of which is available at: <http://www.invokanacanadasettlement.com/>

“Invokana Class Actions” means the following actions: *Estate of Raymond Duck v Janssen Inc. et al.*, Ontario Superior Court of Justice (London) Court File No. CV-18-00000570-00CP; *Ronald Allen Fiddler v Janssen Inc. et al.*, Court of Queen’s Bench for Saskatchewan (Regina) Court File No. Q.B.G. 2809 of 2015; and *Steven Varnai and Joanne Giroux v Janssen Inc. et al.*, Superior Court of Quebec (District of Montreal – Class Actions) Court File No. 500-06-000906-186

Consequences of Opting Out

By completing and returning this Opt Out Form as set out below, you are choosing:

- 1) **not** to take part in the Settlement,
- 2) **not** to participate in any way in the Class Actions, AND
- 3) **not** to participate in any benefits arising from the Settlement or the Class Actions.

If you complete this Opt Out Form you will not be bound by the Settlement or the release in the Settlement, but you will also not be entitled to share in any of the proceeds that may become available to Class Members as part of the Settlement.

In order to be effective, this form must be fully completed and sent to the Claims Administrator at the address set out below and must be received or postmarked no later than November 21, 2022. Opt Out Forms received or postmarked after November 21, 2022 will not be accepted. For more information on the Settlement Agreement and the Invokana Class Actions, please visit <http://www.invokanacanadasettlement.com/>

Your name: _____ (required)

Your address: _____ (required)

Province in which you purchased, ingested, used, or acquired your Invokana®, Invokamet®, and/or Invokamet XR® prescription: _____ (required)

Your telephone number: (____) ____ - _____ (required)

Your email address: _____ (optional)

Declaration:

I wish to opt out of the Settlement and the Invokana Class Actions. I understand that by submitting this Opt-Out Form I will not receive any benefits under the Settlement but will not be bound by the Settlement.

Signature

Date

Return completed Opt-Out Form to Trilogy Class Action Services by mail or email:

Trilogy Class Action Services
Invokana Class Action Settlement
117 Queen Street, PO Box 1000
Niagara-on-the-Lake, ON L0S 1J0
inquiry@trilogyclassactions.ca

For Quebec Class Members the completed Opt Out Form may also be returned directly to the Superior Court of Quebec at the Montreal Courthouse

