

Notice Administrator – Qalipu Mi’kmaq Band Class Action
RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1



ALQ

**QALIPU MI’KMAQ BAND
ENROLLMENT PROCESS CLASS
ACTION**

**Must Be Postmarked
No Later Than
JANUARY 14, 2021**

OPT-OUT FORM

CONTACT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City												State			ZIP Code						

PLEASE NOTE: This is NOT a claim form.

Completing this OPT-OUT FORM will mean you are NOT A CLASS MEMBER in the class proceeding named *Collins v. Canada (Attorney General)*, Court File No. T-2044-19, per Notice sections 1, 9 Federal Court File No. T-2044-19.

Therefore, IF YOU COMPLETE THIS OPT-OUT FORM, you will NOT RECEIVE any benefits, including any money, that might be awarded EXCLUSIVELY TO CLASS MEMBERS as a result of any judgement or settlement of this class proceeding.

IF YOU WANT TO PARTICIPATE IN THIS CLASS PROCEEDING AND BE ELIGIBLE TO BENEFIT UNDER A JUDGMENT OR SETTLEMENT, DO NOT FILL OUT THIS FORM.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR LEGAL RIGHTS, PLEASE CONTACT CLASS COUNSEL: Koskie Minsky LLP at 1-800-315-5570 or at qalipuclassaction@kmlaw.ca.

You must fill out the form below by filling all the circles provided

My application for membership in the Qalipu Mi’kmaq Band was rejected as a result of the application of the 2013 *Supplemental Agreement for the Recognition of the Qalipu Mi’kmaq Band*. Yes No

- I do not want to participate in the class proceeding styled as *Collins v. Canada (Attorney General)*.
- I understand that by opting out of this class proceeding, I am confirming that I do **NOT** wish to participate in this class proceeding which means I will be **NOT BE** eligible to receive any benefit from any judgment or settlement in this class proceeding.
- I understand that by opting out, I take full responsibility for taking all necessary legal steps to protect any claim I may have, including addressing the running of any relevant limitation periods. If I choose to pursue any legal action on my own, it will be at my own expense (including lawyers’ fees and any risk of adverse costs).

Signature: _____

Dated (dd/mm/yyyy): _____

Print Name: _____

Area Code			Telephone Number (Home)						Area Code			Telephone Number (Work)					
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FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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