

APPENDIX G
OPT OUT FORM
JOHNSON CONTROLS ORANGEVILLE LITIGATION SETTLEMENT

This is NOT a Claim Form. It EXCLUDES you and members of your family from the Settlement Class.
Do NOT use this Form if you want to receive a compensatory payment under the Settlement Agreement.

By filing this form with Class Counsel, Michael Wright and Blair Trudell of Cavalluzzo Hayes Shilton McIntyre & Cornish LLP, Suite 300, 474 Bathurst St. Toronto, Ontario M5T 2S6, Fax 416-964-5895, the undersigned confirms that he/she wishes to **OPT OUT** of the court-approved settlement in this class action and not to take any benefit under that settlement, and to preserve his/her right to take such other action as they see fit.

Name: _____

Address: _____

No./Apt./Street

City Province Postal Code

Telephone : _____ Email: _____
 Area code / phone no. (Ext. if applicable)

Name of Executor, Administrator, Personal Representative of Johnson Controls employee (if applicable)

Address: _____

Street City Province Postal Code

Telephone : _____
 Area code / phone no. (Ext. if applicable)