

OPT-OUT FORM – EXCLUSION FROM RECEIVING MONEY

To: **Blyth Academy Class Action**
Cavalluzzo LLP
474 Bathurst Street, Suite 300
Toronto, Ontario
M5T 2S6

BlythClassAction@cavalluzzo.com

This is NOT a claim form. If you submit this form, you will not receive any money or benefits from the Blyth Academy Class Action settlement. You may wish to consult Cavalluzzo LLP or obtain independent legal advice at your own cost prior to opting out.

To opt out, this form must be properly completed and received at the above-noted address or post-marked no later than June 1, 2020.

1. PERSONAL IDENTIFICATION

Name (Last, First):	Other Names Used:	
Email Address:	Home Phone:	Work Phone:
Date of Birth (YY/MM/DD):	Social Insurance Number:	
Street Address:	City, Province:	Postal Code:
Mailing Address (if different from above):	City, Province:	Postal Code:

2. REPRESENTATIVE IDENTIFICATION (IF APPLICABLE)

Please also complete this portion if you are completing this form on behalf of a Class Member as their representative.

Representative Name (Last, First):	Relationship to Class Member:	
Email Address:	Home Phone:	Work Phone:
Street Address:	City, Province:	Postal Code:
Mailing Address (if different from above):	City, Province:	Postal Code:

3. I WISH TO OPT OUT

I have read and understood the Court-Approved Notice of Approval of Settlement and I believe that I am a member of the class in this lawsuit.

I want to opt out (be excluded) of this class proceeding. I understand that by opting out, I cannot receive any possible benefits, financial or otherwise, that members of the class may receive through this class action.

I understand that any lawsuit I have against Blyth Academy with respect to employee misclassification, uncompensated overtime pay, uncompensated public holiday pay, and/or uncompensated vacation pay must be commenced within a specified time period or it might be legally barred. I understand that the time period will resume running against me if I opt out of this class proceeding. I understand that by opting out, I take full responsibility for the resumption of the running of any relevant time periods and for taking all necessary legal steps to protect any claim I may have.

I confirm that by signing this form, and by answering "yes" in the below box, I am forever waiving my right to any money or benefits received through this settlement for any harm caused to me by Blyth Academy in relation to the class action's claims for employee misclassification, uncompensated overtime pay, uncompensated public holiday pay, and/or uncompensated vacation pay.

I decline payment and benefits from the settlement (please indicate with an "X", or by writing the word "Yes": _____

4. SIGNATURE

Date

Name of Class Member

Signature of Class Member

Name of Witness

Signature of Witness

If Class Member is Deceased or Disabled:

Name of Estate Administrator or Guardian of Property

Signature of Estate Administrator or Guardian of Property

If the class member is deceased or disabled, you must enclose a copy of the document appointing you as guardian of property or estate administrator.

Cavalluzzo LLP will collect, use and/or disclose this form and any enclosures, data, information, reports, material or other documents of any nature which are disclosed, revealed or transmitted to them with this form solely for the purpose of disclosing the objection or submission to the Ontario Superior Court and to Blyth Academy pursuant to the terms of the Parties' Settlement Agreement. The use and disclosure of any personal information received by Blyth Academy is subject to all applicable laws that may require the retention or disclosure of the personal information disclosed, including the *Personal Information Protection and Electronic Documents Act*.