

CANADIAN ABILIFY® AND ABILIFY MAINTENA® CLASS ACTION SETTLEMENT

OPT-OUT FORM

This is NOT a Claim Form. If you were prescribed¹ and received injections of ABILIFY MAINTENA® between February 6, 2014 and December 16, 2016, completing this Form will EXCLUDE you and members of your family from participating in the Canadian Settlement.²

If you were prescribed and ingested ABILIFY® tablets before February 23, 2017, you must seek permission of the Québec Court to opt out late from the Settlement. Please see further below under “ABILIFY® Class Member”.

If you used both ABILIFY® and ABILIFY MAINTENA® during the time periods indicated and wish to opt out of the Settlement, please consult with Class Counsel below, prior to completing this form.

DO NOT complete this Form if you wish to seek compensation under the Canadian ABILIFY® and ABILIFY MAINTENA® Settlement.

To be effective as an election to opt-out of the Proceedings, this Opt-Out Form must be completed, signed **and received** by the Claims Administrator **no later than December 20, 2024**.

Please read the entire form and follow the instructions carefully. Only completed Opt-Out Forms postmarked or received by the Claims Administrator by December 20, 2024 will be considered valid.

SECTION 1 – IDENTIFICATION OF THE PERSON SIGNING THIS OPT OUT FORM (SELECT ONLY ONE OPTION):

- ABILIFY MAINTENA® Class Member** – I was prescribed and received injections of ABILIFY MAINTENA® between February 6, 2014 and December 16, 2016. By completing and signing this Opt Out Form, I am excluding myself from participating in the Canadian Settlement. I understand that by opting out of the Settlement, I EXCLUDE myself and any eligible Family Class Member from receiving benefits under the Settlement Agreement.

¹ The terms “prescribe” and “prescription” include receipt of samples of ABILIFY® from healthcare professionals.

² Unless otherwise indicated herein, capitalized terms have the meanings set out in the Settlement Agreement.

ABILIFY® Class Member – I was prescribed and ingested ABILIFY® before February 23, 2017. By completing and signing this Opt Out Form, I am indicating my intention to request to opt-out late from the previously authorized Québec Class Action. I understand that completion of this form does not entitle me to opt out, and that I must make a request to the Québec Court to do so, which may or may not be granted by the Québec Court. I understand that if the Québec Court allows me to opt out of the Settlement, I will be EXCLUDING myself and any eligible Family Class Member from receiving benefits under the Settlement and if the Québec Court does not grant my request, I will be bound by the Settlement, including the release of my claim.

Legal representative – I am the legal representative for the above identified Settlement Class Member. By completing and signing this Opt Out Form, I am excluding the Settlement Class Member from participation in the Canadian ABILIFY® and ABILIFY MAINTENA® Settlement Agreement. I understand that by opting the Settlement Class Member out of the Settlement Agreement, I exclude both them and any eligible Family Class Member from receiving benefits under the Settlement Agreement.

SECTION 2 – REASON FOR OPT OUT (OPTIONAL INFORMATION) – If you wish to give your reason for excluding yourself from the Settlement Agreement, please write it out below:

SECTION 3 – PERSONAL INFORMATION – Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of a Settlement Class Member, please provide the following information about the Settlement Class Member.

First Name _____ Last Name _____

Date of Birth (DD/MM/YYYY) _____

Street Address _____

City _____

Province _____

Postal Code _____

Telephone (Daytime) _____

Telephone (Alternate) _____

Email _____

Health Card Number _____

Date of Death (if applicable) _____ Death Certificate Attached
DD/MM/YYYY

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

_____ minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor);

_____ a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);

_____ the estate of a deceased person (Letters Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

SECTION 4 – LAWYER INFORMATION (IF APPLICABLE) – If you, or the Settlement Class Member, has hired a lawyer in connection with a claim arising from the Class Member's use of ABILIFY® or ABILIFY MAINTENA® please provide the following information about the lawyer:

Lawyer's First and Last Name _____

Law Firm _____

Lawyer's Phone Number _____

Lawyer's E-mail Address _____

SECTION 5 – SIGNATURE

Date _____
 DD/MM/YYYY

Name of Settlement Class Member _____

Signature of Settlement Class Member _____

Name of Legal Representative (if applicable) _____

Signature of Legal Representative (if applicable) _____

Name of Lawyer (if applicable) _____

Signature of Lawyer (if applicable) _____

The deadline to submit an Opt Out Form is DECEMBER 20 2024

To be effective as an election to Opt Out of the proceedings, this Form must be completed, signed, sent to the Claims Administrator at the address listed below, by regular mail, courier or fax **and must be received** by the Claims Administrator **no later than December 20, 2024 at:**

MNP Ltd. – Class Actions Claims Administration
 2000, 112 - 4th Avenue SW
 Calgary, AB, T2P 0H3
abilifysettlement@mnp.ca
 Toll-Free: 1 (855) 653-0027

If you have questions about using or completing this Opt Out Form, please contact Class Counsel, your lawyer, or the Claims Administrator.

CLASS COUNSEL

<p>ROCHON GENOVA LLP 900-121 Richmond St. W. Toronto, Ontario, M5H 2K1 Joel P. Rochon Golnaz Nayerahmadi Sarah J. Fiddes Tel: (416) 363-1867 contact@rochongenova.com</p>	<p>CONSUMER LAW GROUP INC. 1030 rue Berri, Suite 102 Montreal (Québec) H2L 4C3 Jeff Orenstein Tel: 1 (888) 909-7863 (514) 266-7863 (613) 627-4894 abilify@clg.org</p>
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