

APPENDIX VII

Opt Out Form

**DIAMOND PET FOODS CLASS ACTION SETTLEMENT
OPT OUT FORM**

Class Members are bound by the terms of the Settlement Agreement, unless they opt out of the class action.

If you opt out, you will not be entitled to make a claim or to receive any compensation. If you opt out, you should be aware that there are strictly enforced time limits within which you must take formal legal action to pursue your claim. By opting out, you will take full responsibility for taking all necessary legal steps to protect your claim.

If you wish to opt out, you must no later than **60 days** from the date the Court has approved the Settlement Agreement, complete and submit this Opt Out Form by mail to the following address:

Claims Administrator
Nelson P.O. Box 20187 - 322 Rideau Street
Ottawa, ON K1N 5Y5
Telephone: 1-844-562-4210
Email: info@petfoodclaim.ca
Website: www.petfoodclaim.ca

Class Members who want to opt out and who are residents of Quebec must IN ADDITION give notice to the Clerk of the Superior Court of Quebec at:

Clerk of the Superior Court of Quebec
Palais de Justice
1, Notre-Dame Street East
Montreal (Quebec) H2Y 1B6
Court file no. 500-06-000612-123

**THIS IS NOT A REGISTRATION FORM OR A CLAIM FORM.
IT EXCLUDES YOU FROM MAKING A CLAIM IN THE SETTLEMENT.
DO NOT USE THIS FORM IF YOU WANT TO RECEIVE BENEFITS UNDER THE
SETTLEMENT.**

Name: _____

Address: _____

Telephone: _____

Email: _____

Identification of person signing this Opt Out Form (please check):

- I represent that I purchased the Pet Food Products and am the above identified Class Member. I am signing this Opt Out Form to EXCLUDE myself from entitlement to benefits under the Diamond Pet Foods Settlement Agreement.

**I UNDERSTAND THAT BY OPTING OUT I WILL NEVER BE ELIGIBLE TO RECEIVE ANY
COMPENSATION PURSUANT TO THE DIAMOND PET FOODS CLASS ACTION
SETTLEMENT AGREEMENT**

I wish to opt out of the Diamond Pet Foods Settlement Program in Canada.

DATE: _____

Name of Class Member

Signature of Class Member