UDreamSettlement C/O RicePoint Administration, Inc. P.O. Box 3355 London, ON N6A 4K3

BORO

«3of9 barcode» **«BARCODE»** «CASECODE» «CLAIMNUMBER» «NAME 1A»«NAME 1B» «COMPANY 1» «ADDRESS LINE 1»«ADDRESS LINE 2» «CITY»«PROVINCE/STATE» «POSTAL CODE» «COUNTRY»



VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED QR CODE

Ruckman v. Biotrade Canada Ltd., et al.

SUPREME COURT OF **BRITISH COLUMBIA** ACTION NO. S1914497

> Must Be Postmarked No Later Than July 9, 2024

Foreign Country Name/Abbreviation

Opt-Out Election Form ADDRESS INFORMATION First Name M.L. Last Name

Prim	ary Add	ress														
Prim	ary Add	ress (Conti	nued												
City/	Town											Prov	vince	Post	al Co	bde

Background

Foreign Province

A settlement fund of \$2,734,485 is available to pay all eligible claimants, known as Class Members, who make a claim.

Foreign Postal Code

Can I Remove Myself from the Class Action?

If you do not want to participate in the Class Action, you can opt out of the Action as described below.

What is the Consequence of Opting Out?

When you opt out, you lose your right to claim and/or receive any money through the Class Action.

Is Opting Out Final?

Yes, opting out is a final decision that cannot be undone.

How do I Opt Out?

In order to properly opt out, you must prepare and submit the below form on page 2 (called an "Opt-Out Election Form") to the Claims Administrator identified below.

The Claims Administrator must receive your Opt-Out Election Form by no later than July 9, 2024 ("Opt-Out Deadline").

1

Opt-Out Election Forms must be sent by pre-paid mail or email to:

UDreamSettlement C/O **RicePoint Administration, Inc.** P.O. Box 3355 London, ON N6A 4K3 Or Email: info@udreamsettlement.ca



FOR CLAIMS		DOC	RED	
PROCESSING	СВ	LC	A	
ONLY		REV	В	

NOTE: An Opt-Out Election Form that does not contain all of the required information or is received after the Opt-Out Deadline will not be valid.

SECTION A: CLAIMANT INFORMATION
Email Address Area Code Telephone Number (Daytime)
Question #1: Have you carefully read page 1 of this document? Yes No (Go to question 2) (Read page 1 and proceed to question 2) Question #2: Do you want to Opt Out of the U-Dream Class Action? Yes No (Go to question 3) (No need to complete this form) Question #3: Please indicate by selecting the appropriate circle(s) if you have suffered from any of the below noted conditions due to ingesting U-Dream: heart attack, cardiac arrest, stroke, or other cardiac injury any form of bodily injury caused by motor vehicle or other incident while impaired by U-Dream addiction or withdrawal mental distress, anxiety, or other psychological injury other injury (describe) DEATH of parent, spouse, or child NO NO INJURY Question #4: Do you intend to commence your own litigation for injury or other loss, or on behalf of your deceased parent, due to ingesting U-Dream: Yes No Question #5: What is/are your reason(s) for electing to Opt Out of the Class Action? (please provide written answer below)
Signature: Dated (mm/dd/yyyy):
Print Name:

