

ALLERJECT NATIONAL CLASS ACTION SETTLEMENT - OPT-OUT FORM

For the purposes of this Opt-Out Form, the following definitions apply:

“**Settlement**” means the settlement agreement made as between the Plaintiffs and the Defendants, a copy of which is available at www.allerjectrecallsettlement.com.

“**Class Actions**” means the following actions: *Michaud v. Sanofi-Aventis Canada Inc. et al.*, Superior Court of Quebec No. 500-06-000772-158 (Montreal) and *Natrop v. Sanofi-Aventis Canada Inc. et al.*, SK QB No. 2757 of 2015 (Regina)

Generally speaking, a Settlement Class Member is a person having purchased or used an **Allerject** epinephrine auto-injector since December 11, 2012. If you wish to participate in the Settlement, you do not need to do anything at this time. **If you do not wish to participate in the Settlement, the deadline to opt out of the class actions is April 8th, 2019.** This is the only opportunity to opt-out of the Settlement and the Class Actions.

Consequences of Opting Out

By completing and returning this Opt-Out Form as set out below, you are choosing:

- 1) **not** to take part in the Settlement,
- 2) **not** to participate in any way in the Class Actions, AND
- 3) **not** to participate in any benefits arising from the Settlement or the Class Actions.

If you complete this Opt-Out Form you will not be bound by the Settlement or the release in the Settlement, but you will also not be entitled to share in any of the proceeds that may become available to Settlement Class Members as part of the Settlement. You will also not be entitled to participate in the continuation of the Class Actions, as the case may be.

In order to be effective, this form must be fully completed and sent to the Claims Administrator* at the address set out below, and must be received or postmarked no later than April 8th, 2019. Opt-Out Forms received or postmarked after April 8th, 2019 will not be accepted. For more information on the Settlement Agreement and the Allerject Recall Class Actions, please visit www.allerjectrecallsettlement.com.

Your name: _____ (required)

Your address: _____ (required)

Province in which you purchased, ingested, used or acquired your Allerject Device
_____ (required)

Your telephone number: (____) ____ - _____ (required)

Your email address: _____

Declaration:

I wish to opt-out of the Settlement and the Allerject Recall Class Actions. I understand that by submitting this Opt-Out Form I will not receive any benefits under the Settlement but will not be bound by the Settlement.

Signature

Date

Return completed Opt-Out Form to Trilogy Class Action Services:

Allerject Recall Class Action Settlement
117 Queen Street, PO Box 1000,
Niagara-on-the-Lake, ON, L0S 1J0

Tel: 1-866-329-7153

Fax: 1-416-342-1761

inquiry@trilogyclassactions.ca

* For Quebec Class Members the completed Opt-Out Form must be returned directly to the Superior Court of Quebec at the Montreal Courthouse: 1 Notre-Dame Street East, Montreal, Québec, H2Y 1B6.