## **OPT-OUT FORM**

## **BANK OF MONTREAL CLASS ACTIONS**

| TO: Class Counsel   |  |
|---|--|
| I, (in of the Bank of Montreal Class Ac                               | sert full name), have received notice of the proposed settlement ctions.                         |
| I believe that I am a Class Memb                                      | er.  |
|   | al on May 27, 2018, and my Personal Information was impacted at occurred on or around that date. |
| I do NOT wish to participate in the                                   | he Bank of Montreal Class Actions.   |
| I understand that by opting out of be available to the Class upon re  | of the Class Actions, I will not be eligible for any benefit that may esolution of this matter.  |
| I understand that, if I wish to s<br>respect to the Data Breach, I mu | seek to pursue any remedy against the Bank of Montreal with ast do so on my own.                 |
| Dated the day of  | , 202  |
| (signature)   |  |
| Insert Mailing Address:   |  |
|   |  |
| Telephone Number:   |  |
| Email Address:  |  |

In order to validly opt out, you must complete and send this opt out form by email no later than **February 10, 2021** or by courier postmarked no later than **February 5, 2021** to one of the Class Counsel.

If you are a Québec resident, you also must send this opt out form to :

Greffier de la Cour supérieure du Québec

Palais de justice de Montréal Dossier no : 500-06-000944-187 1 rue Notre-Dame Est, salle 1.120 Montréal, Québec H2Y 1B6