

OPT-OUT FORM

QUEBEC PARAQUAT CLASS ACTION

THIS PRESENT FORM DOES NOT CONSTITUTE A REGISTRATION FORM OR A CLAIM FORM.

THIS PRESENT CLAIM FORM IS TO EXCLUDE YOURSELF FROM THE CLASS ACTION AUTHORIZED ON JULY 27, 2022.

DO NOT COMPLETE THIS FORM IF YOU WANT TO PARTICIPATE IN THE CLASS ACTION

Name : _____
Mr./Mrs./Miss

Current address : _____
Number City Province Postal Code

Telephone : _____
Home Work

_____ Cell _____ Fax

Date of birth : _____

Identification of the person signing the Opt-Out Form :

- I am a person in Quebec who has been diagnosed with Parkinson's disease after having been exposed, repeatedly, through inhalation, oral ingestion, or dermal contact to one of the defendants Syngenta AG, Syngenta International Crop Protection AG, Syngenta Crop Protection LLC, and Syngenta Canada inc.'s non-domestic use herbicides containing paraquat (whose most widely used formulation is Gramoxone®), since their respective dates of introduction to the Canadian market. I understand that the targeted herbicides are the following :

Products		Type of use at the time of the most recent registration	Since :
Gramoxone®	Liquid herbicide with wetting agent	Restricted	July 1, 1963
Sweep no-till herbicide		Commercial	July 1, 1979
Paraquat Technical	Technical quality asset	Concentrated	September 19, 1989
Paraquat dichloride	Manufacturing concentrate	Concentrated	March 25, 1991
Gramoxone®	PDQ liquid non-selective herbicide	Commercial	April 7, 1998
Gramoxone®	200 SL	Restricted	June 22, 2018

- I am the liquidator of the estate of a person in Quebec who has been diagnosed with Parkinson's disease after having been exposed, repeatedly, through inhalation, oral ingestion, or dermal contact to one of the above-mentioned herbicides.
- I am the father, mother, spouse, brother, sister, or caregiver of a person in Quebec who has been diagnosed with Parkinson's disease after having been exposed, repeatedly, through inhalation, oral ingestion, or dermal contact to one of above-mentioned herbicides.

I UNDERSTAND THAT BY OPTING OUT, I WILL NOT BE ABLE (OR THE ESTATE I REPRESENT WILL NOT BE ABLE) TO PARTICIPATE IN THE QUEBEC PARAQUAT CLASS ACTION AUTHORIZED ON JULY 27, 2022

Signed on (date) : 2023/ _____ / _____
Month Day

Name of the Class member (in capital letters)

Signature of the Class member

**ALL OPT-OUT FORM MUST BE SUBMITTED
BY : JUNE 26, 2023**

**By mail (as per postmark) to:
Greffe de la Cour supérieure du Québec, district de Saint-Hyacinthe
Palais de justice de Saint-Hyacinthe
3800, avenue Cusson
Saint-Hyacinthe (Québec) J2S 8V6**

AND

**Par email or by mail (as per postmark) to :
Class counsel :
Siskinds Desmeules Avocats, s.e.n.c.r.l.
43, rue de Buade, bureau 320
Québec (Québec) G1R 4A2
Courriel : recours@siskinds.com**