

OPT OUT FORM

GOLD MARKET INSTRUMENTS

Please see page 3 for the Silver Market Instruments

This is **NOT** a claim form. Completing this OPT OUT FORM will exclude you from receiving any compensation arising out of any settlement or judgment in the class proceeding:

To: Class Counsel
Nelson P.O. Box 20187 - 322 Rideau Street
Ottawa ON, K1N 5Y5

RE: Gold and Silver Market Instrument Canadian Class Actions

I understand that by opting out, I am confirming that I do **not** wish to participate in the *Di Filippo, et al v The Bank of Nova Scotia, et al* (Court File No. CV-15-543005-00CP) and *Benoit v The Bank of Nova Scotia, et al* (No de Cour 500-06-000861-175) class proceeding.

****Attention Québec Class Members, the sending of only one (1) Opt Out Form no later than April 12, 2019 will serve as a removal in both jurisdictions.**

I understand that any individual action must be commenced within a specified limitation period or it will be legally barred.

I understand that the certification of this class proceeding suspended the running of the limitation period from the time the class proceeding was filed. The limitation period will resume running against me if I opt out of this class proceeding.

I understand that by opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking all necessary legal steps to protect any claim I may have.

Reason(s) for Opting Out: Please list your reason(s) for opting out.

Trading Information: To the extent known, please list in the space below the names of each of the entities with whom you participated in **Gold Market Instrument** trading **between January 1, 2004 and March 19, 2014** and the volume of trading with those entities between those dates.

Please proceed to page 2

Note: To opt out, this form must be properly completed and postmarked no later than April 12, 2019

If a Person:

Date _____

Signature of Witness

Signature of Class Member Opting Out

Print Name

Print Name

Telephone: _____

Email: _____

Address: _____

If a Corporation:

Date _____

Signature of Witness

Signature of Authorized Signatory of
Corporation Opting out

Print Name

Print Name and Position

Telephone: _____

Email: _____

Address: _____

