

# OPT OUT FORM

## SILVER MARKET INSTRUMENTS

*Please see page 1 for the Gold 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-16-551067-00CP) and *Ayas v La Banque de Nouvelle-Ecosse, et al* (No de Cour 500-06-000789-160) 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.

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**Trading Information:** To the extent known, please list in the space below the names of each of the entities with whom you participated in **Silver Market Instrument** trading **between January 1, 1999 and August 14, 2014** and the volume of trading with those entities between those dates.

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Please proceed to page 4

**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:**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Authorized Signatory of  
Corporation Opting out

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name and Position

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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