

BMO Mutual Funds Class Action  
c/o RicePoint Administration, Inc.  
P.O. Box 3355  
London (Ontario), N6A 4K3



BTQ

## OPT-OUT FORM

Must Be Postmarked or Received No Later Than May 27, 2022

### CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>		
Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number	

### BMO MUTUAL FUNDS CLASS ACTION

Complete and return this Opt-Out Form by no later than May 27, 2022, **ONLY IF YOU DO NOT WISH TO PARTICIPATE IN THE CLASS ACTION**. It must be postmarked or received by RicePoint Administration Inc. by no later than May 27, 2022.

Please provide the below information on the BMO Mutual Fund units that you hold or held through a Discount Broker. Please use additional paper if necessary.

Name of the BMO Mutual Fund(s) Currently or Previously Held	Fund Code	Date of Acquisition (mm/dd/yyyy)	Date of Disposition (mm/dd/yyyy) (if applicable)	Current Number of Units (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



FOR CLAIMS  
PROCESSING  
ONLY

OB

CB

☐ DOC  
☐ LC  
☐ REV

☐ RED  
☐ A  
☐ B

Name of the BMO Mutual Fund(s) Currently or Previously Held	Fund Code	Date of Acquisition (mm/dd/yyyy)	Date of Disposition (mm/dd/yyyy) (if applicable)	Current Number of Units (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE FILL IN THE APPROPRIATE CIRCLE

I believe that ☐ **I am** / ☐ **the organization that I represent is** a member of the Class in the Class Action.

I believe that ☐ **I am not** / ☐ **the organization that I represent is not** amongst the persons and entities excluded from the Class Action.

I understand that by opting out of the Class Action, **I will not be eligible / the organization that I represent will not be eligible** for any benefit that may be available to the Class upon resolution of this matter, if and when such resolution may occur.

I,  (print your full name), **OPT OUT FROM THE CLASS ACTION** and wish to be excluded from this Class Action.

I wish to opt out from this Class Action for the following reason(s) *(optional)*:

  
  


I,  (print your full name), **CERTIFY** that the information provided herein is complete and true.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

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

**In order to validly opt out, you must complete and send this Opt-Out Form by no later than May 27, 2022 to:**

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c/o RicePoint Administration, Inc.  
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