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



## **OPT-OUT FORM**

Must Be Postmarked or Received No Later Than December 23, 2022

CLAIMANT INFORMATION		
First Name	M.I. Last Name	
Primary Address		
Primary Address Continued		
City	Province Postal Co	de
Email Address		
Telephone Number	Fax Number	

## NATIONAL BANK MUTUAL FUNDS CLASS ACTION

Complete and return this Opt-Out Form by no later than December 23, 2022, ONLY IF YOU DO NOT WISH TO PARTICIPATE IN THE CLASS ACTION. It must be postmarked by no later than December 23, 2022.

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

Name of the National Bank Mutual Fund(s) or NBI Private Portfolio 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)



FOR CLAIMS PROCESSING ONLY	ОВ	СВ	DOC	RED
			LC	A
			REV	В

Name of the National Bank Mutual Fund(s) or NBI Private Portfolio 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)
(PLEASE FILL IN THE APPRO)	 PRIATE LANGUAGE)			
	•	resent is a member of the present is not amongst		tion. excluded from the Class Action.
I understand that by opting out of benefit that may be available to th	the Class Action, I <u>will</u> e Class upon resolution	not be eligible / the or of this matter, if and wh	ganization that I repre- nen such resolution may	esent will not be eligible for any occur.
I,			(print your fu	ıll name), OPT OUT FROM
THE CLASS ACTION and wi	ish to be excluded from	this Class Action.		
I wish to opt out from this Class	Action for the following	ng reason(s) (optional):		
_				
_				
I,			(print you	ur full name), CERTIFY that
the information provided herein				
Signature:			Dated (mm/dd/yyyy): _	
Print Name:				
In order to validly opt out, you must complete and send this Opt-Out Form postmarked by no later than December 23, 2022 to:				

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