

TD Mutual Funds Class Action
c/o RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1



TDQ

*Class Proceedings Act, 1992, Peter
Westwood v TD Asset Management Inc.*

ONTARIO SUPERIOR
COURT OF JUSTICE

File No. CV-18-595380-00CP

Must Be Postmarked No Later Than April 8, 2022

OPT-OUT FORM

CLAIMANT INFORMATION

First Name				M.I.	Last Name						
Primary Address											
Primary Address Continued											
City						Province	Postal Code				
Foreign Province/State				Foreign Postal Code/Zip Code				Foreign Country Name/Abbreviation			

Complete and return this Opt-Out Form by no later than April 8, 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 April 8, 2022.

Organization and title (if applicable)											
Email address											
Phone number				Fax number							



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Please provide the below information on the TD Mutual Fund units that you hold or held through a Discount Broker. Please use additional paper if necessary.

Name of the TD Mutual Fund(s) Currently or Previously Held																								
Fund Code					MM / DD / YYYY					MM / DD / YYYY														
Date of Acquisition					Date of Disposition (if applicable)																			
Current Number of Units (if applicable)																								

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Fund Code					MM / DD / YYYY					MM / DD / YYYY														
Date of Acquisition					Date of Disposition (if applicable)																			
Current Number of Units (if applicable)																								

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Fund Code					MM / DD / YYYY					MM / DD / YYYY														
Date of Acquisition					Date of Disposition (if applicable)																			
Current Number of Units (if applicable)																								

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Current Number of Units (if applicable)																								



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Fund Code

MM / DD / YYYY

Date of Acquisition

MM / DD / YYYY

Date of Disposition (if applicable)

Current Number of Units (if applicable)

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MM / DD / YYYY

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MM / DD / YYYY

Date of Acquisition

MM / DD / YYYY

Date of Disposition (if applicable)

Current Number of Units (if applicable)



(PLEASE FILL IN THE CIRCLE NEXT TO THE APPROPRIATE LANGUAGE)

- 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 April 8, 2022 to:

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