

Appendix C

OPT OUT FORM

I wish to opt out of the settlement in respect of the Bell Canada First Rate Plan.

Please Print

Current Telephone Number
including Area Code

Name

Address

Previous Telephone Number
including Area Code

DATE

CUSTOMER SIGNATURE

TO CONSTITUTE A VALID OPT OUT, THIS OPT OUT FORM MUST BE POST-MARKED OR DELIVERED BEFORE JULY 27, 2004 TO: OPT OUT ADMINISTRATOR, MR. DANIEL ROZON, RAYMOND CHABOT GRANT THORNTON, 2505 ST. LAURENT BOULEVARD, OTTAWA, ONTARIO, K1H 1E4 WITHIN 75 DAYS OF THE 4TH DAY OF MAY, 2004.