

**CLASS ACTION REGARDING
CHRISTIAN ECONOMIC ASSISTANCE FOUNDATION
SCHOOL SUPPORT PROGRAM**

OPT-OUT FORM

NOTICE: YOU MAY BE ELIGIBLE TO RECEIVE A SETTLEMENT BENEFIT IN THE ABOVE-NOTED CLASS ACTION. IF YOU CHOOSE TO OPT-OUT OF THE CLASS ACTION AND SETTLEMENT AND NOT RECEIVE A SETTLEMENT BENEFIT, YOU MUST COMPLETE THIS FORM AND SEND IT BY MAIL TO SCARFONE HAWKINS LLP, LAWYERS AND TRADE-MARK AGENTS, 1 JAMES STREET SOUTH, 14TH FLOOR, HAMILTON, ONTARIO, L8P 4R5, OR BY FAX TO 905-523-5878, OR BY EMAIL TO CEAF@SHLAW.CA ON OR BEFORE FRIDAY, MARCH 18, 2016.

NAME _____

ADDRESS _____

E-MAIL _____

TELEPHONE _____

Area code / Phone No. (Ext. if applicable)

I understand that if I opt-out through completion and submission of this form, I will not participate in this Class Action and agree to be excluded from it, not being bound by the result.

I understand that I will not be entitled to any benefits under Settlement of the Class Action.

I understand that if I intend to proceed with my own legal action, I must commence my lawsuit within a specified limitation period or my claim will be legally barred. I take full responsibility for obtaining legal advice about the limitation period applicable and for taking all necessary steps to protect my individual claim.

DATE: _____

WITNESS SIGNATURE

CLASS MEMBER SIGNATURE OR THEIR
REPRESENTATIVE ON THEIR BEHALF

Print Name: _____

Print Name: _____