

**TCE CLASS ACTION AGAINST NORTHSTAR AEROSPACE COMPANIES
OPT-OUT FORM**

In order to exclude yourself from the settlement, a completed Opt-Out Form must be sent to the Claims Administrator, postmarked no later than August 24, 2009 at the following address:

TCE Claims Administrator
305 King Street West Suite 401
Kitchener, ON N2G 1B9

Please provide the following information:

Name:	_____	
	Legal Name of Opt-Out	

	Contact Person (if different than above)	
Address of property within the Class	_____	
Area:	No./Apt./Street	City
	_____	_____
	Province	Postal Code
	_____	_____
If property was co-owned, name of the other property owner(s):	_____	
Time period during which property was owned:	_____	
	Date purchased	Date sold (if applicable)
	_____	_____
Current address (if different than address above):	_____	
	No./Apt./Street	City
	_____	_____
	Province	Postal Code
	_____	_____
Telephone:	_____	
	Area code / phone no. (Ext. if applicable)	

If the contact person is other than the Opt-Out, please provide identification of person signing this Opt-Out Form (check one only):

- I am an authorized employee, officer or director of the above-identified Opt-Out. I am signing this Opt-Out Form to exclude the Opt-Out from the settlements and the litigation.
- I am the trustee, receiver or other representative of the above-identified Opt-Out. I am signing this Opt-Out Form to exclude the Opt-Out from the settlements and the litigation.

Please indicate your reasons for opting out: _____

I declare that the information on this Opt-Out Form is true, correct and complete to the best of my knowledge, information and belief.

Signature (Opt-Out or Representative)

Date Signed