Exhibit "D"

OPT-OUT FORM
Strictly Private and Confidential

THIS FORM CONTAINS IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS. PLEASE READ THE ENTIRE FORM AND FOLLOW THE INSTRUCTIONS CAREFULLY.

IF YOU WANT TO OPT OUT OF THE MIRAPEX® SETTLEMENT AGREEMENT YOU MUST COMPLETE AND SEND THIS FORM TO THE ADDRESS LISTED BELOW SO THAT IT IS RECEIVED NO LATER THAN THE OPT-OUT DEADLINE OF [DATE, 2011]

THIS OPT-OUT FORM WILL NOT BE VALID IF IT IS NOT PROPERLY AND FULLY COMPLETED. TO BE PROPERLY AND FULLY COMPLETED AN OPT-OUT FORM MUST INCLUDE THE INFORMATION REQUESTED BELOW, INCLUDING A STATEMENT OF THE TOTAL AMOUNT OF NET LOSSES INCURRED.

This is NOT A Claim Form. This Form EXCLUDES you from the MIRAPEX® Settlement Agreement. DO NOT use this form if you wish to seek compensation under the MIRAPEX® Settlement Agreement.

If you Opt Out, you will NOT be able to make a claim under the Settlement. The consequences of returning this Opt-Out Form are explained in the Notice of Settlement Approval. If you have questions about using or completing this Form, contact your lawyer or contact the administrator at:

Collective Class Action Services inc.
9-285 Place D'Youville
Montreal, QC H2Y 2A4
514-287-1000/1-800-287-8587

In the event of conflict between the terms of the MIRAPEX® Settlement Agreement and this Form, the Settlement Agreement prevails. A complete copy of the MIRAPEX® Settlement Agreement is available at: www.collectiva.ca

Section 1 – Personal Identification - must be completed in all cases

First Name _____ Middle Name _____

Last Name _____

Street Address _____

Apt. No. (if applicable) _____ P.O. Box _____

City _____ Province/Territory _____ Postal Code _____

Date of Birth: Year _____ Month _____ Day _____

Date of Death (if applicable) Year _____ Month _____ Day _____ ☐ Death Certificate Incl.

Daytime Phone Number (_____)-_____-_____

Evening Phone Number (_____)-_____-_____

Fax (_____)-_____-_____

Section 2 – Representative Identification

If you are filing this Opt-Out Form as the legal representative of a Class Member or a Class Member's estate (e.g. as a litigation guardian on behalf of a person under disability, litigation administrator on behalf of an estate, personal representative or heir), please provide the following information about **yourself**.

You MUST also complete Section 1 and identify the primary Claimant who is your source of entitlement to make a claim. You **MUST** also attach a copy of your court approval or other authorization to represent the Class Member identified in Section 1 above.

I am filing this Opt-Out Form on behalf of a person who is

☐ A minor (under 18 years of age)	☐ Please enclose a copy of your authority to act on behalf of a minor – e.g. copy of birth or baptismal certificate.
☐ A person under legal disability	☐ Please enclose a copy of your authority to act on behalf of a person under legal disability
☐ An estate	☐ Please enclose a copy of your authority to act on behalf of an Estate e.g. copy of will
☐ Relationship to Class Member	☐ Custodial Parent ☐ Litigation Administrator ☐ Personal Representative

Representative's First Name _____ Middle Name _____

Last Name _____

Street Address _____

Apt. No. (if applicable) _____ P.O. Box _____

City _____ Province/Territory _____ Postal Code _____

Daytime Phone Number (_____)-_____-_____

Evening Phone Number (_____)-_____-_____

Fax (_____)-_____-_____

Section 3 – Lawyer Identification

This section is to be completed only if you or the Class Member have hired a lawyer in connection with a claim arising from the Class Member's use of Mirapex®. All correspondence will be sent to your lawyer who must notify the Claims Administrator of any change in mailing address. If you change your legal representative, you must notify the Claims Administrator in writing of the new information.

Name of Law Firm _____

Lawyer's First Name _____ Lawyer's Last Name _____

Address _____ P.O. Box _____
City _____ Province/Territory _____ Postal Code _____
Lawyer's Phone Number (_____)-_____-_____
Lawyer's Fax Number (_____)-_____-_____

Section 4 – - must be completed in all cases

Do you believe you (or the Class Member if you are filing as their legal representative) would be entitled to an award from the MIRAPEX® Settlement Agreement**?**

☐ Yes
☐ No

Section 5 – - must be completed in all cases

IF you answered Section 4 in the affirmative, please explain why you believe you or the Class Member would be entitled to an award from the MIRAPEX® Settlement Agreement**?**

_____
_____
_____
_____
_____
_____

(Check (√) the appropriate boxes)

1. Claim for Gambling Loss? ☐ Yes ☐ No (Check (√) only one box)

Type of Gambling
☐ Casinos
☐ Online
☐ Other (describe):
_____

Total Amount of Net Losses Incurred (after deducting any wins) **CAD$** _____

2. Claim for Life Impact?

☐ Yes ☐ No (Check (√) only one box)

Include Brief Description of Alleged Impact:

_____
_____
_____
_____

3. Other Claims?

☐ Yes ☐ No (Check (√) only one box)

Include Brief Description:

_____
_____
_____
_____

Section 6 – Other Lawsuits or Claims- must be completed in all cases

If you are participating in any other litigation involving Mirapex®, please provide a brief description:

Section 7 – Acceptance and Acknowledgement- must be completed in all cases

I understand that I am obliged to provide information in this form that is true, complete and accurate, and that the parties to the class action and the court will rely upon the information provided by me in this form. I have carefully reviewed the information provided in this form, and I confirm that the information provided (including, without limitation, the Total Amount of Net Losses Claimed) is to the best of my knowledge true, complete and accurate. I have read the foregoing and understand that by opting out, I will never be eligible to receive any compensation pursuant to the MIRAPEX® Settlement Agreement. I further understand that by opting out, all personal representatives, who might otherwise make a claim for compensation are deemed to have opted out as well.

_____ _____
Signature (DD/MM/YYYY)