

**SCHEDULE B**

**EXCLUSION FORM**

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**Personal and Confidential**

This form contains important information with respect to your legal rights. Please pay attention to the instructions set out below.

If you wish to exclude yourself from the settlement involving the medication known as REQUIP, you must fill out this form correctly and completely and send it to the address indicated below such that it is received by the deadline for exclusions, namely by April 21, 2015.

**This form is not a claim form.**

This form allows you to exclude yourself from the settlement involving the medication known as REQUIP. **If you exclude yourself, you will not be able to make a claim in the context of the settlement.** Should you have any questions, please contact the administrator at the following address:

Collectiva Class Action Services Inc.  
285 Place d'Youville, Suite 9  
Montreal, QC  
H2Y 2A4  
514-287-1000/1-800-287-8587

In the event of any inconsistency between the settlement and this form, this form will prevail. The full text of the settlement can be found at [www.collectiva.ca](http://www.collectiva.ca).

**Part 1 : Group Member's Personal Information**

Group Member's Name: \_\_\_\_\_

Group Member's Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Date of Death, If Applicable (DD/MM/YYYY): \_\_\_\_\_

*(Please provide a copy of the Death Certificate)*

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Part 2 : Identification of the Representative**

If you are submitting this exclusion form as the legal representative of a group member or of the succession of a group member (for example, as a tutor on behalf of an incapable person, as an administrator of a succession, as a personal representative, or as an heir), please provide the following information.

You must also complete Part 1, indicating the name of the group member in whose name you are presenting a claim. You must also attach a copy of any Court approval or other instrument authorizing you to represent this member.

Name of the Representative: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am submitting this exclusion form in the name of the following person:

- A minor of fewer than 18 years of age. *Please attach a copy of the instrument attesting to your power to act in the minor's name, for example, a copy of the birth or baptism certificate.*
- A person who is legally incapable. *Please attach a copy of the instrument attesting to your power to act in the name of the incapable person.*
- A succession. *Please attach a copy of the instrument attesting to your power to act in the name of the succession, for example, a copy of the will.*



Check the Appropriate Boxes:

A. Claim for Gambling Losses:  Yes  No  
Type of Gambling:  Casino  Online  Other (please specify): \_\_\_\_\_  
Total Amount of Net Losses Suffered: \_\_\_\_\_

B. Claim for Repercussions on Quality of Life:  Yes  No  
Please provide a brief description of the alleged repercussions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Other Claims:  Yes  No  
Please provide a brief description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 5 : Other Actions or Claims**

If you are a party to another action or claim concerning REQUIP, please describe this action or claim here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 6 : Acceptance and Confirmation**

I understand that I am bound to provide true, complete, and accurate information in the present form and that the parties to the class action and the Court will rely on such information. I

confirm that this information (including the total amount of net losses suffered) is, to the best of my knowledge, true, complete, and accurate. I have read the foregoing and I understand that by excluding myself I will render myself permanently ineligible for an indemnity pursuant to the terms of the medication known as REQUIP.

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Signature

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Date (DD/MM/YYYY)