

OBJECTION FORM

KENT PHARMACY CLASS ACTION SETTLEMENT: OBJECTION FORM

ONLY COMPLETE AND SUBMIT THIS FORM IF YOU WISH TO OBJECT TO THE PROPOSED SETTLEMENT.

BY OBJECTING TO THE PROPOSED SETTLEMENT, YOU ARE NOT OPTING OUT OF THE PROPOSED SETTLEMENT OR THE ACTION IN ANY WAY AND YOU WILL REMAIN A CLASS MEMBER TO THIS ACTION.

Instructions: Complete, sign and submit this Objection Form by mail, courier or email **ONLY IF YOU WISH TO OBJECT** to the proposed Settlement.

1. Objector Identification

Provide the following information about the person (i.e., the Class Member) submitting this Objection Form, or, if applicable, on whose behalf you are submitting this Objection Form:

First Name:		Middle Initial:
Last Name:		
Street Address:		Suite Number:
City:	Province:	Postal Code:
Phone Number:		Email Address:

2. Representative Identification (if you are submitting this Objection Form on behalf of a Class Member who is deceased or a minor or for another reason)

If you are submitting this Objection Form as a representative on behalf of a Class Member, please provide the following personal identification information **and attach a copy of the Certificate of Appointment of Estate Trustee, Power of Attorney or other document establishing your authority to act on this Person's behalf:**

YOU ARE SUBMITTING THIS OBJECTION FORM ON BEHALF OF SOMEONE WHO IS:		
<input type="checkbox"/> DECEASED	<input type="checkbox"/> A MINOR	<input type="checkbox"/> OTHER REASON (Identify):

3. The Objector's Membership in the Class

The Objector is a Class Member, meaning a person who (1) attended at premises owned or operated by the Defendant, Kent Pharmacy, at 424 Columbia Street, New Westminster, British Columbia on August 24, 25 or 26, 2021 and received a COVID-19 vaccination, and which person is named and identified on a list of 96 people that received the subject COVID-19 vaccinations on August 24, 25 or 26, 2021 and (2) were contacted by Fraser Health Authority by letter advising them that the syringe barrel was re-used among patients and that they were at risk of contracting hepatitis B, hepatitis C and or human immunodeficiency ("HIV") and to take three blood tests over the next three-months: at three weeks, six weeks and three month intervals, or where such person is deceased, the personal representative of the estate of the deceased person.

☐ Check the box if the statement above is correct.

4. Objection

In the space below or in an attachment, provide a written statement of all factual and legal grounds for your objection to the proposed Settlement accompanied by any legal support for such objection. Please attach copies of any papers, briefs, or other documents upon which your objection is based.

5. The Settlement Approval Hearing

The Supreme Court of British Columbia will hold the Settlement Approval Hearing on **March 27, 2026, at 2:00 p.m. Pacific Time (PST)** at the Vancouver Courthouse, 800 Smithe Street, Vancouver, British Columbia V6Z 2E1.

Do you intend to participate in the Approval Hearing? ☐ Yes ☐ No

If "yes," will you be participating through a lawyer? ☐ Yes ☐ No

If you will be participating in the Settlement Approval Hearing through a lawyer, please provide the following personal identification information for your lawyer. If more than one lawyer represents you, please provide the following information for the other lawyers in an attachment.

Law Firm Name:		
Lawyer's Full Name:		
Street Address:		Suite Number:
City:	Province:	Postal Code:
Phone Number:	Email Address:	
Law Society Number:		

6. Signature & Date

Date

Signature of Objector (or Representative)

Printed Name of Objector (or Representative)

If you wish to object to the proposed Settlement, you **MUST** submit your **signed and completed** Objection Form and any attachments to the Claims Administrator by mail, courier or email **on or before the Objection Deadline which is January 8, 2026, at 5:00 PM (PST).**

Attn: Kent Pharmacy Class Action Settlement Claims Administrator

MNP Ltd.
 2000, 112 – 4th Avenue SW
 Calgary, AB T2P 0H3
kentpharmacysettlement@mnp.ca
 Toll-Free: 1-833-680-3637