

## OPT OUT FORM

### KENT PHARMACY CLASS ACTION

This is **NOT** a Claim Form. This is **NOT** an Objection Form. Completing this Opt-Out Form will exclude you from receiving any compensation from any settlement or judgment in the Class Proceeding described below.

To opt-out, this form must be properly completed and sent to the Claims Administrator by email, regular mail, or courier at the following address:

Email: [kentpharmacysettlement@mnp.ca](mailto:kentpharmacysettlement@mnp.ca)

Mail or Courier: MNP Ltd. 2000, 112 – 4 Ave SW Calgary, AB T2P 0H3 ATTN: Rick Anderson

I, \_\_\_\_\_ (print full name), elect to opt out of the Kent Pharmacy Class Action. I declare that I do not want to be a Class Member and elect to be excluded from any judgments entered pursuant to the Settlement in:

*Joshua Richard Jonsen v. Bhanu Prasad Seelaboyina, Kent Pharmacy and Fabina Kara*, Supreme Court of British Columbia, Action No. S219811, Vancouver Registry

I declare that on or about August 24, 25 or 26, 2021, I attended Kent Pharmacy, located at 424 Columbia Street, New Westminster, British Columbia and received a COVID-19 vaccination.

I understand and accept that by opting out of this Class Action:

1. I will not participate in this Class Action;
2. that Class Counsel will not represent me and are not permitted to assist me in any way;
3. that I will be responsible for all legal fees and costs that may be incurred by me if I choose to pursue my own individual claim; and
4. that I will not participate in any benefits arising from the Settlement or the Class Proceeding.

In order to be effective, this form must be fully completed and sent to the Claims Administrator at the address set out above and must be received or postmarked no later than **January 8, 2026, at 5:00 PM (PST)**. Opt Out Forms received or postmarked after **January 8, 2026, at 5:00 PM (PST)** will not be accepted. For more information on the Kent Pharmacy Class Action, please visit **Class Counsel website** at [www.dusevicgarchalaw.ca](http://www.dusevicgarchalaw.ca).

Your name: \_\_\_\_\_ (required)

Your address: \_\_\_\_\_ (required)

\_\_\_\_\_  
\_\_\_\_\_

Your telephone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (required)

Your email address: \_\_\_\_\_ (required)

**Brief statement of reason(s) for Opting Out:**

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**Declaration:** I wish to opt out of the Settlement and the Kent Pharmacy Class Action. I understand that by submitting this Opt Out Form I will not receive any benefits under the Settlement and I will not be bound by the Settlement.

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Date

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Signature

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Name