

Section 2 - Identification of the person signing this Opt Out Form (select only one option):

- Product user - I used OxyContin® and/or OxyNEO®. By completing and signing this Opt Out Form I am excluding myself from participation and potential entitlement in the Canadian OxyContin® and OxyNEO® Settlement Agreement. It is my intention to pursue an individual litigation against the defendants.
- Legal representative – I am the legal representative for the above identified product user. By completing and signing this Opt Out Form I am excluding the product user from participation and potential entitlement in the Canadian OxyContin® and OxyNEO® Settlement Agreement. It is our intention to pursue an individual litigation against the defendants.

*If submitting as a legal representative you are required to provide documentation to confirm your appointment.

Section 3 – Signature:

Dated: _____ Name of product user: _____
DD/MM/YYYY

Signature of product user: _____

Dated: _____ Name of legal representative: _____
DD/MM/YYYY

Capacity of legal representative: _____

Signature of legal representative: _____

The deadline to submit an Opt Out Form is July 12, 2017

Completed Opt Out Forms should be sent to:

CANADIAN OXYCONTIN® AND OXYNEO® LITIGATION
PO Box 4454
Toronto Station A
25 The Esplanade
Toronto, ON
M5W 4B1

