

**OPT-OUT REQUEST**

If you wish to remove yourself from the Settlement Class, you must complete and mail this form to Class Counsel no later than the Opt-Out Deadline, which is 11:59 pm on June 14, 2021.

**This Opt-Out Request will not be effective unless it is sent by regular mail to Class Counsel and postmarked on or before the Opt-Out Deadline. Class Counsel’s mailing address is:**

Jeff Orenstein  
251 Laurier Avenue West, Suite 900  
Ottawa, Ontario  
K1P 5J6

Any Class Member who does not submit a properly completed Opt-Out Request form before the Opt-Out Deadline will be deemed to be a member of the Settlement Class upon the expiry of the Opt-Out Deadline.

If you registered with Class Counsel on or before September 8, 2019 and you remove yourself from the Settlement Class by submitting this Opt-Out Request form to Class Counsel by the Opt-Out Deadline, you will not receive any payment under the Settlement Agreement.

Please provide all information requested in each section below:

**SECTION I – YOUR IDENTITY AND CONTACT INFORMATION**

First Name                              Middle Initial(s)                      Last Name  
□ □ □ □ □ □ □ □ □                  □ □    □ □ □ □ □ □ □ □ □ □ □ □

Address, including apartment, unit and/or mailbox number  
□ □

City    Province    Postal Code  
□ □

Email  
  
□ □

**SECTION II – YOUR LAWYER’S IDENTIFY AND CONTACT INFORMATION**

If a lawyer is representing you in this matter, please provide the lawyer’s information below. If you do not have a lawyer representing you in this matter, leave this section blank.

First Name    Middle Initial(s)    Last Name  
□ □ □ □ □ □    □ □    □ □ □ □ □ □ □ □

Address, including apartment, unit and/or mailbox number  
□ □

City    Province    Postal Code  
□ □

Email  
□ □

**SECTION III – OPT OUT DECLARATIONS**

Check this box to declare that you are a resident of Canada who purchased a Blue Buffalo Pet Food Product in Canada on or before September 8, 2019:

Check this box to declare that you wish to be excluded from the Settlement Class:

By signing and submitting this Opt-Out Request form, you verify that the information contained herein is true and accurate.

\_\_\_\_\_  
Name    Signature    Date of Signature

**The following question is optional. You are not required to provide an answer in order to opt out of the Settlement Class.**

What is the reason for your decision to opt out of the Settlement Class?

\_\_\_\_\_