SCHEDULE "G" - OPT-OUT FORM

HOUR BANK BENEFIT PLAN CLASS ACTION SETTLEMENT OPT-OUT FORM

Complete this form only if you want to **OPT OUT** of the Hour Bank Benefit Plan Class Action.

If you Opt Out, you will not be bound by the terms of the Settlement Agreement.

If you Opt Out, you can start your own claim or legal proceeding at your **own expense** and **without the assistance of Class Counsel**, against the Defendants, or any other person released by the Settlement Agreement in relation to the claims advanced in this Class Action, and/ or claims that could have been advanced in this Class Action.

Last N	ame		
First N	ame		_
Curren	t Address		_
City	Prov./State	Postal Code/Zip Code	_
Date o	f Birth		
Telephone Number (Work)			Telephone Number (Home)
Telepho	one Number (Cell)		_
form ar		ss Counsel n	t of the Class Action, you must complete the o later than DECEMBER 2, 2024. If you meet nent or bound by it.
Please	check one of the following	j :	
	My current intention is to b	pegin individua	al litigation against the Defendants.

	I am opting out of the class action for a reason other than to begin individual litigation against the Defendants. I am opting out for the following reason(s):			
	RSTAND THAT BY OPTING OUT, CLASS COUNSEL CANNOT REPRESENT ME IN DIVIDUAL ACTION I MAY BRING.			
LEGAL	HER UNDERSTAND THAT BY OPTING OUT, I WILL BE RESPONSIBLE FOR ALL FEES AND COSTS THAT MAY BE INCURRED BY ME IF I CHOOSE TO PURSUE MY IDIVIDUAL CLAIM AND LITIGATION.			

Signature:

Date Signed:

This completed Opt-Out Form must be received by Class Counsel by email, regular mail or fax no later than **December 2, 2024.**

Class Counsel can be reached at:

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