

**Canadian Armed Forces Racial Discrimination and Racial Harassment
Class Action**

OPT OUT FORM

DEADLINE FOR OPTING OUT: APRIL 10, 2025

TO: CAF Racial Discrimination and Racial Harassment Class Action Settlement
Administrator

Address: c/o Deloitte
PO Box 7394 STN ADELAIDE
Toronto, ON M5C 0B8

Fax: 416-366-1102

Email address: cafrd@deloitte.ca

PLEASE NOTE: This is NOT a claim form. Completing this OPT OUT FORM will mean that YOU WILL NOT be able to get money arising out of this settlement or any subsequent judgment in the CAF Racial Discrimination and Racial Harassment Lawsuit.

IF YOU WANT TO PARTICIPATE IN THIS CLASS PROCEEDING AND BE ELIGIBLE TO CLAIM MONEY UNDER THE SETTLEMENT, DO NOT FILL OUT THIS FORM. If you wish to participate in the settlement, further details will be provided once the claims period is open. The claims period will open after April 10, 2025, but may be delayed for certain reasons.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATOR AT:

CAF Racial Discrimination and Racial Harassment Class Action, c/o Deloitte, PO Box 7394 STN ADELAIDE, Toronto, Ontario, M5C 0B8, or by email at cafrd@deloitte.ca.

You may also call the toll-free number 1-844-720-0499.

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR LEGAL RIGHTS, PLEASE
CONTACT CLASS COUNSEL:**

Stewart McKelvey

Email: forces.class.action@stewartmckelvey.com

600-1741 Lower Water Street

Phone: (902) 420-3322

PO Box 997

Website: www.forcesaction.com

Halifax, NS B3J 2X2

You must fill out the form below by checking all the boxes provided (except for the “Reasons” section, which is optional)

I am a current member of the Canadian Armed Forces:

Yes No

I am a former member of the Canadian Armed Forces:

Yes No

I experienced racial discrimination and/or racial harassment in connection with my military service:

Yes No

<input type="checkbox"/>	I understand that there is a settlement of the lawsuit which may provide eligible class members a payment of up to \$35,000, depending on their circumstances. The Federal Court has approved this settlement as being fair and reasonable to the class members, and I may be eligible for a payment under the settlement depending on my circumstances.
<input type="checkbox"/>	I understand that by opting out of this class proceeding, I am confirming that I do <u>NOT</u> wish to participate in this class proceeding which means I will <u>NOT BE</u> eligible to receive any money from the settlement or to obtain any other benefits of this class proceeding.
<input type="checkbox"/>	I understand that by opting out, I take full responsibility for taking all necessary legal steps to protect any claim I may have, including addressing the running of any relevant limitation periods. If I choose to pursue any legal action on my own, it will be at my own expense (including lawyers’ fees and any risk of adverse costs).

Full Name:		Date:	
Prior Name(s):		Service Number, Military Identification Number, PRI or other employment identifier:	
Signature:		Email Address:	
Address:		Phone Number:	

Optional – Reason for Opting Out	
<input type="checkbox"/>	I do not wish to be a class member
<input type="checkbox"/>	I intend to bring my own individual action against the CAF and/or the individuals who discriminated against or harassed me
<input type="checkbox"/>	Other reason (please provide details)