

AVIVA COVID-19 BUSINESS INTERRUPTION CLASS ACTION
OPT-OUT FORM

Class Members who do not want to participate in the class action must formally “opt-out.” To opt-out, you must complete this Opt-Out Form and send to the Notice Administrator using one of the following methods:

Email	info@AvivaClassAction.ca
Mail	Aviva Canada Class Action c/o Epiq Class Action Services Canada Inc. P.O. Box 507 Stn B Ottawa, ON K1P 5P6

Opt-Out Forms must be received by Epiq on or before **5:00 p.m. E.S.T on May 19, 2024.**

Business and/or
Class Member Name: _____

Contact First Name: _____

Contact Last Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email: _____

Policy Number: _____

If you are acting on behalf of a Class
Member, please provide your authority to act: _____

I confirm that I wish to opt-out of the Aviva Covid-19 business interruption class action.
By opting-out, I understand that:

- I will not be entitled to participate in the class action;
- I will not be bound by any judgment in the class action; and
- I will not be eligible for any recovery in the class action.

Signature of Class Member
(or Representative)

Date (dd/mm/yyyy)