

OBJECTION FORM

Please use this form only if you object to the Court approving this Settlement.

IDENTIFICATION

Family name:

Given Name:

Home address and phone number:

ACCOUNT NUMBER

You must indicate whether you have a Pharmaprix Optimum card and provide the account number of your Pharmaprix Optimum card:

I have a Pharmaprix Optimum card

Pharmaprix Optimum account number:

REASONS FOR OBJECTING OR REPRESENTATIONS WITH RESPECT TO THE SETTLEMENT

(Please attach an additional page if the space above is insufficient)

Signature:

Date:

Please send your duly completed form to either of the following addresses by September 3, 2017 at the latest:

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