

**OPT-OUT FORM**

Philip, Gray, Wright v. Attorney General of Canada - Federal Court No. T-1360-18

To: Proactio Class Action – Intercepted Communications in Federal Prisons  
600, rue De La Gauchetière Ouest, bureau 2000  
Montréal (Québec) H3B 4L8  
Toll free : 888-895-0615  
interceptions@proactio.ca

**THIS IS NOT A CLAIM FORM. Completing this form will exclude you from receiving any compensation arising out of any settlement or judgment of this class action.**

NOTE: to opt-out, you must properly complete this form and send it to Proactio, postmarked **no later than February 3<sup>rd</sup>, 2026.**

**I confirm that by opting out of this class proceeding (or one or more of the categories of claims), I am confirming that I do not wish to participate in this class proceeding (or one or more of the categories of claims).**

I understand that:

- Any individual claim I may have must be commenced within a specified limitation period or it will be legally barred.
- The certification of this class proceeding suspended the running of the limitation period from the time the class proceedings was filed. The limitation period will resume running against me if I opt out of this class proceeding.
- By opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking any legal steps to protect any claim I may have.

I wish to opt out of the following categories of claims (please check the box  or  for one or all of the categories of claims you are opting out from):

<input type="checkbox"/> <b>SECTION 94 INTERCEPTIONS</b>	<input type="checkbox"/> <b>FAX INTERCEPTIONS</b>
<input type="checkbox"/> <b>UNAPPROVED RECORDINGS</b>	<input type="checkbox"/> <b>ALL OF THE ABOVE (COMPLETE OPT OUT)</b>
<input type="checkbox"/> <b>MAIL INTERCEPTIONS</b>	

Reason for Opting out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Member

Witness

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_