

CANADA  
PROVINCE OF QUÉBEC  
DISTRICT OF MONTRÉAL

**SUPERIOR COURT  
(Class Action)**

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No.: 500-06-000948-188

**Michael Pohoresky, residing and  
domiciled at 402-474 Wilbrod St.  
Ottawa, Ontario, K1N 6M9**

and

**Harold Pohoresky, residing and  
domiciled at 295 MacKay Street PH-01  
Ottawa Ontario K1M2B7**

*Petitioners*

v.

**OTSUKA CANADA PHARMACEUTICAL  
INC.**

and

**LUNDBECK CANADA INC.**

*Respondents*

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**OPT OUT FORM**

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Complete this form only if you are a Class Member, as defined in the Notice of Authorization, and you wish to **be excluded** from participation in the **CANADIAN REXULTI® CLASS ACTION** (*Pohoresky v. Otsuka Canada Pharmaceutical Inc.*, Superior Court of Quebec File No. 500-06-000948-188 (District of Montreal)).

**Do not** complete this form if you wish to participate in this class action.

This form must be received by the Clerk of the Superior Court of Quebec on or before May 15, 2024 at the following coordinates:

Clerk of the Superior Court of Québec  
Montreal Courthouse  
1, Notre-Dame Street East, Room 1.120  
Montreal (Quebec) H2Y 1B6  
Court file no. 500-06-000948-188

By submitting this form, you or your legal representative, if applicable, certify that you do not wish to participate in the CANADIAN REXULTI® CLASS ACTION, and understand that by opting out, you will not receive any part of the money or benefits that may be obtained on behalf of Class Members by the Representative Plaintiffs.

**SECTION 1 - IDENTIFICATION OF THE PERSON SIGNING THIS OPT OUT FORM (SELECT ONLY ONE OPTION):**

- Class Member** – I used REXULTI®. By completing and signing this Opt Out Form, I am excluding myself from participation in the Canadian REXULTI® Class Action. I understand that by opting out, I EXCLUDE myself and my family members, dependents, heirs and estates, who may be eligible to receive in any judgement or a settlement of the action.
  
- Legal representative** – I am the legal representative for the above identified Class Member. By completing and signing this Opt Out Form, I am excluding the Class Member from participation in the Canadian Rexulti® Class Action. I understand that by opting the Class Member out of the action, I exclude both them and their family members, dependents, heirs and estates, who may be eligible to receive in any judgement or a settlement of the action.

**SECTION 2 – PERSONAL INFORMATION** – Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of Class Member, please provide the following information about the Class Member.

First and Last Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_

Telephone (Alternate) \_\_\_\_\_

Email \_\_\_\_\_

Health Card Number \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_ Death Certificate Attached  
DD/MM/YYYY

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

- \_\_\_\_\_ minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor);
- \_\_\_\_\_ a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);
- \_\_\_\_\_ the estate of a deceased person (Letters Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

**SECTION 4 – LAWYER INFORMATION (IF APPLICABLE)** – If you, or the Settlement Class Member, has hired a lawyer in connection with a claim arising from the Class Member's use of REXULTI® please provide the following information about the lawyer:

Lawyer's First and Last Name \_\_\_\_\_

Law Firm \_\_\_\_\_

Lawyer's Phone Number \_\_\_\_\_

Lawyer's e-mail address \_\_\_\_\_

**SECTION 5 – SIGNATURE**

Date \_\_\_\_\_  
DD/MM/YYYY

Name of Class Member \_\_\_\_\_

Signature of Class Member \_\_\_\_\_

Name of legal representative (if applicable) \_\_\_\_\_

Signature of legal representative (if applicable) \_\_\_\_\_

Name of Lawyer (if applicable) \_\_\_\_\_

Signature of Lawyer (if applicable) \_\_\_\_\_

**The deadline to submit an Opt Out Form is May 15, 2024**

If you have questions about using or completing this Opt Out Form, please contact Class Counsel, free of charge, at the phone number or e-mail address below, or your lawyer:

**Rochon Genova LLP**  
**Barristers • Avocats**  
900-121 Richmond St. W.  
Tel: (416) 363-1867  
[contact@rochongenova.com](mailto:contact@rochongenova.com)

***This Opt Out Form has been approved by the Superior Court of Québec.***