

## SCHEDULE "G" - OPT OUT FORM

### Ontario Sales Tax Administration Reform Pension Transfer Class Action

**DEADLINE FOR OPTING OUT: THURSDAY SEPTEMBER 12, 2024**

TO: RavenLaw LLP

220 Laurier Ave West, Suite 1600  
Ottawa, ON, Canada  
K1P 5Z9

**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 OSTAR Pension Transfer Class Action.

**IF YOU WANT TO PARTICIPATE IN THIS CLASS PROCEEDING AND RECEIVE MONEY UNDER THE SETTLEMENT, DO NOT FILL OUT THIS FORM.** You do not need to do anything further to be eligible to receive money under the class action.

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR LEGAL RIGHTS, PLEASE CONTACT CLASS COUNSEL AT (613) 567-2901 or [pensiontransferclassaction@ravenlaw.com](mailto:pensiontransferclassaction@ravenlaw.com)**

If you wish to Opt Out of the Class Action please check the boxes below before signing, dating and returning this form to the address noted above.

- I am a person who transferred their pensionable service from either the Ontario Public Service Employees' Union Pension Plan or the Ontario Public Service Pension Plan to the Federal Public Service Pension Plan in connection with commencing employment with the Canada Revenue Agency as part of the OSTAR process.
- I understand that there is a settlement of the lawsuit which provides compensation related to the increase in the cost to transfer pensionable service from the OPSEU Pension Plan or the PSPP into the Federal Public Service Superannuation Plan. As a result of this Court-approved settlement, I may be eligible for a payment under this settlement.
- I understand that by opting out of this class proceeding, I am confirming that I do **NOT** wish to participate in this class proceeding which means I will **NOT** be eligible to receive any money from the settlement.
- 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 that I may be ordered to pay if I am unsuccessful).

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**OPTIONAL – REASON FOR OPTING OUT (tick all boxes that apply)**

- I do not wish to be a class member.
- I intend to bring my own individual action against the Defendants
- Other reason (please provide details)

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