

**OPT OUT FORM  
BAYCOL LITIGATION SETTLEMENT**

**This is NOT a Claim Form. It EXCLUDES you and members of  
your family from the Settlement Class.  
Do NOT use this Form if you want to receive a compensatory payment under the Settlement Agreement.**

**Name of Claimant:** \_\_\_\_\_

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

**No./Apt./Street**

**City**

**Province**

**Postal Code**

**Telephone :** \_\_\_\_\_  
**Area code / phone no. (Ext. if applicable)**

Name of Executor, Administrator, Personal Representative of person taking Baycol (if applicable)

**Address:** \_\_\_\_\_  
**Street City Province Postal Code**

**Telephone :** \_\_\_\_\_  
**Area code / phone no. (Ext. if applicable)**

**Please provide the following additional information.**

**1. Identification of person signing this Claim (check one only):**

- ? Level I: Claimant was diagnosed with rhabdomyolysis attributable to cerivastatin ("Baycol"). Claimant did not require hospitalisation.
- ? Level II: Claimant was diagnosed with rhabdomyolysis attributable to cerivastatin ("Baycol"). Claimant required hospitalisation but did not require dialysis.
- ? Level III: Claimant was diagnosed with rhabdomyolysis attributable to cerivastatin ("Baycol"). Claimant required temporary dialysis or other exceptional hospital treatment.
- ? Level IV: Claimant was diagnosed with rhabdomyolysis attributable to cerivastatin ("Baycol") Claimant required hospitalisation and as a result of my rhabdomyolysis, now requires permanent dialysis on an ongoing basis or Claimant died of rhabdomyolysis.
- ? Level V: Claimant was diagnosed with rhabdomyolysis attributable to cerivastatin ("Baycol") and suffered serious injury caused by rhabdomyolysis not contemplated in Levels I-IV.

**I understand that by opting out I will never be eligible to receive any compensation pursuant to the Baycol Litigation Settlement.**

1. **I further understand that by opting out, all personal representatives, spouses, relatives and loved ones, who on account of a personal relationship to me assert a derivative claim for compensation, are deemed to have opted out as well.**

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Signature (Class 1 Member or Executor,  
Administrator or Personal Representative)

To be effective as an election to opt-out of this Settlement, this Form must be completed, signed and sent by regular mail, postmarked no later than JANUARY 24, 2005 to the address listed below.

The consequences of returning this Form are explained in paragraph "Opting out of the Settlement Agreement" of the Notice of Certification and Settlement Approval. If you have questions about using or completing this Form, contact your lawyer or call 1-888-353-4003.

Please mail this Form to the CLAIMS ADMINISTRATOR at :

Crawford Class Action Services  
Suite 101-515 Riverbend Drive  
Kitchener, Ontario N2K 3S3