

Bell RAP Class Action,
c/o RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1



BVQ

**Must Be Postmarked
No Later Than
October 30, 2020**

BELL MOBILITY RAP CLASS ACTION OPT OUT FORM

Instructions. Fill out and submit this form by mail only if you wish to be **EXCLUDED** from the Bell Mobility RAP class action.

CLAIMANT INFORMATION

First Name		M.I.	Last Name	
Primary Address				
Primary Address Continued				
City		Province	Postal Code	
Foreign Province	Foreign Postal Code		Foreign Country Name/Abbreviation	

1. BELL MOBILITY RAP CLASS MEMBER IDENTIFICATION

Provide the following information about the Class Member. If that person is deceased, provide the information about the person's date of death. **PLEASE PRINT.**

HOME ADDRESS (ONLY IF DIFFERENT FROM ADDRESS PROVIDED ABOVE)

First Name		M.I.	Last Name	
Primary Address				
Primary Address Continued				
City		Province	Postal Code	
Foreign Province	Foreign Postal Code		Foreign Country Name/Abbreviation	



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-----------------------------	-----------------------------	--	---

[Empty input field]

Bell Mobility / Virgin Mobile Account Number (if known)

[Empty input field] - [Empty input field] - [Empty input field]

Area Code Telephone Number (Home)

[Empty input field] - [Empty input field] - [Empty input field]

Area Code Telephone Number (Work or Mobile)

[Empty input field] / [Empty input field] / [Empty input field]

Date of Birth

to

[Empty input field] / [Empty input field] / [Empty input field]

Date of Death (if applicable)

2. LAWYER, LEGAL OR ESTATE REPRESENTATIVE IDENTIFICATION (IF APPLICABLE)

If you are not the Class Member, please state the source of your authority to fill out this form on behalf of the Class Member and provide the following personal identification information and attach a copy of your court order or other authorization that allows you to represent that person. **PLEASE PRINT.**

[Empty input field]

Representative First Name

[Empty input field]

M.I.

[Empty input field]

Representative Last Name

[Empty input field]

Relationship to Class Member

[Empty input field]

Mailing Address

[Empty input field]

City

[Empty input field]

Province

[Empty input field]

Postal Code

[Empty input field]

Firm Name (if applicable)

[Empty input field]

Email Address

[Empty input field] - [Empty input field] - [Empty input field]

Daytime Phone

[Empty input field] - [Empty input field] - [Empty input field]

Fax Number

- I am the Estate Trustee with a will (attach copy of deceased's will)
- I am the Estate Trustee without a will (attach copy of Certificate of Appointment)
- I am the Power of Attorney (attach copy of Power of Attorney)

3. I WISH TO OPT OUT

Fill the circle below to confirm your intention to opt out of the Bell Mobility RAP class action.

- I wish to opt out of (be excluded from) the Bell Mobility RAP class action. I OPT OUT.

4. SIGNATURE

Signature: _____ Dated (yyyy/mm/dd): _____

Submit this Opt Out Form and any attachments by mail, postmarked by October 30, 2020 to:

Bell RAP Class Action,
c/o RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1

