

## OPT-OUT FORM

ONLY SUBMIT THIS FORM IF YOU **DO NOT** WANT TO PARTICIPATE IN THIS ACTION.

**Instructions:** Fill out and submit this form by mail, courier or email **ONLY IF YOU WISH TO BE EXCLUDED** from this class proceeding.

### 1. REQUESTOR IDENTIFICATION

Provide the following information about the person submitting or, if applicable, on whose behalf you are submitting, an opt-out request.

Last Name:		First Name:		Middle Initial:
Address:			Suite Number:	
City:	Province:	Postal Code:	Country:	
Phone Number:		Email Address (if available):		

### 2. REPRESENTATIVE IDENTIFICATION (IF SUBMITTING ON BEHALF OF A PERSON WHO IS DECEASED OR A MINOR OR FOR OTHER REASON)

If you are opting out of this class action on someone else's behalf, please provide the following personal identification information and attach a copy of your power of attorney, court order or other authorization that allows you to represent this person.

YOU ARE SUBMITTING THIS FORM ON BEHALF OF SOMEONE WHO IS:			
<input type="checkbox"/> DECEASED	<input type="checkbox"/> A MINOR	<input type="checkbox"/> OTHER REASON (Identify: _____)	
Representative's Last Name:		Representative's First Name:	Representative's Relationship to Requestor:
Representative's Mailing Address:			Suite Number:
City:	Province/State:	Postal Code/Zip Code:	Country:
Representative's Phone Number:	Representative's Email Address:		Representative's Law Firm Name (if applicable):

### 3. CORPORATION IDENTIFICATION (IF SUBMITTING ON BEHALF OF A CORPORATION)

If you are opting out of this class action on behalf of a corporation, please provide the following information and attach a copy of your current Certification of Incorporation.

YOU ARE SUBMITTING THIS FORM AS THE DIRECTOR FOR THE CORPORATION:			
Last Name:	First Name:	Name of Corporation:	
Corporation Business Number:			
Corporation Registered Address:			Suite Number:
City:	Province/State:	Postal Code/Zip Code:	Country:
Corporation Phone Number:	Corporation Email Address:		Corporation Law Firm Name (if applicable):

### 4. I WISH TO OPT OUT

Check the box below to confirm your intention to opt out of this class action.

I wish to be excluded from the Syngenta Corn Seed class action and am opting out.

**I OPT OUT**

**NOTE: THIS OPT OUT REQUEST WILL BE INVALID UNLESS SIGNED PERSONALLY BY THE REQUESTOR EXCEPT WHERE THE REQUESTOR IS DECEASED, A MINOR OR LEGALLY INCAPACITATED.**

### 4. SIGNATURE

\_\_\_\_\_  
Your Signature

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

If you wish to opt out of the class action, **your Opt-Out Form MUST be received on or before April 25, 2023** by mail or email by Class Counsel at the following:

**McKenzie Lake Lawyers LLP**  
**Syngenta Class Proceeding Opt-Out**  
**1800-140 Fullarton Street**  
**London ON N6A 5P2**  
**Email: [syngenta@mckenzielake.com](mailto:syngenta@mckenzielake.com)**

If you submit this form, you will **not** be able to receive any benefits that may be available under any future settlement or judgment. If you have questions before submitting this form, contact Class Counsel directly at the following:

**McKenzie Lake Lawyers LLP**  
**Toll Free Tel: 1.844.672.5666**  
**Email: [syngenta@mckenzielake.com](mailto:syngenta@mckenzielake.com)**