

## Schedule "D"

### Opt-Out Form

**THIS IS NOT A CLAIM FORM.** Completing and returning this Opt-Out Form will **exclude** you from receiving any money payable under the Skyservice Class Action Settlement.

Provide your personal information below so that we may accurately register your decision to opt-out.

Section 1 - YOUR PERSONAL INFORMATION			
Last Name:	First:	Middle:	Date of Birth:
Street Address:		Apartment:	Home Phone No.: (    )
City:	Province:		Postal Code:

#### Agreement and Understanding

I understand that this Class Action is brought on behalf of all persons who were passengers on Skyservice Flight No. 560 which departed from Toronto en route to Punta Cana, Dominican Republic on May 22, 2005 ("Flight 560"). I also understand that the Court has approved a settlement of the Class Action.

I understand that if I complete this Form, I am opting-out of the Class Action and the Settlement. I hereby agree to be excluded from the Class Action and from the Settlement.

I also understand that a lawsuit must be commenced within a specified limitation period or it will be legally barred. The certification of this Class Action suspended the running of the limitation period from the date the statement of claim was filed. The limitation period will resume running against me if I opt-out of the Class Action. By opting-out of the Class Action, I take full responsibility for obtaining my own legal advice about the limitation period and for taking all legal steps necessary to protect my claim.

***I DO NOT WISH TO PARTICIPATE IN THE SKYSERVICE CLASS ACTION SETTLEMENT.***

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2010.

Signature of Witness (over 18 years old) to your signature: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

**IMPORTANT!** Once this Form is fully completed and signed, return it by fax, email, courier or regular mail **no later than December 17, 2010** to the following:

Rochon Genova LLP  
Vincent Genova/Christina Barbato  
121 Richmond Street West, Suite 900  
Toronto, ON  
M5H 2K1

Phone: 416-363-1867  
Fax: 416-363-0263  
E-mail: cbarbato@rochongenova.com

\* This Form must be clearly postmarked by no later than December 17, 2010.