

# RIU RESORTS SETTLEMENT OPT OUT FORM

THIS IS NOT A REGISTRATION FORM OR A CLAIM FORM.  
IT EXCLUDES YOU FROM THE SETTLEMENT CLASS.  
DO NOT USE THIS FORM IF YOU WANT TO RECEIVE BENEFITS UNDER THE SETTLEMENT

Name of Recipient: \_\_\_\_\_  
Mr. / Mrs. / Miss / Ms.

Current Address: \_\_\_\_\_  
Apt/No/Street City Province Postal Code

Telephone: \_\_\_\_\_  
Home: ( ) Work: ( )

Cell: ( ) Fax: ( )

Date of Birth: \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_  Death Certificate Attached

Health Card # \_\_\_\_\_

## Identification of person signing this Opt Out Form (only fill one circle):

- I am the above identified Riu Resort Class Member. I am signing this Form to Exclude myself from entitlement to benefits under the Riu Resort Litigation Settlement.
- I am the guardian, custodian, executor, administrator or court-appointed representative (a "Representative Claimant") of the above-identified Riu Resort Class Member (or his/her estate). I am signing this Form to EXCLUDE myself and the Riu Resort Class Member identified above from entitlement to benefits under the Riu Resort Litigation Settlement.

NOTE: For this Opt Out to be valid the "Representative Claimant" must attach a copy of the court order or other official document appointing them as the representative.

I UNDERSTAND THAT BY OPTING OUT I WILL NEVER BE ELIGIBLE TO RECEIVE ANY  
COMPENSATION PURSUANT TO THE RIU RESORT SETTLEMENT

Dated:  /  /  \_\_\_\_\_  
Month Day Year Name of Riu Resort Class Member or Representative Claimant

\_\_\_\_\_  
Signature of Riu Resort Class Member or Representative Claimant

## ALL OPT OUT FORMS MUST BE SUBMITTED BY FEBRUARY 18, 2011 TO:

NPT RicePoint Class Action Services  
PO BOX 3355  
London, ON N6A 4K3  
Toll Free: 1-866-432-5534