

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
August 24, 2022**

«Barcode»

Postal Service: Please do not mark barcode

Claim#: BVQ-«Claim8»-«CkDig»

«FirstNAME» «LastNAME»

«Addr1» «Addr2»

«City», «State»«FProv» «Zip»«FZip»

«FCountry»

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.

MAILING ADDRESS (ONLY IF DIFFERENT FROM ADDRESS PROVIDED ABOVE)

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

CB

DOC
 LC
 REV

RED
 A
 B

Bell Mobility / Virgin Mobile Account Number (if known)																					
Area Code				Telephone Number (Home)				Area Code				Telephone Number (Work or Mobile)									
M	M	/	D	D	/	Y	Y	Y	Y	to		M	M	/	D	D	/	Y	Y	Y	Y
Date of Birth										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.**

Representative First Name	M.I.	Representative Last Name
Relationship to Class Member		
Mailing Address		
City	Province	Postal Code
Firm Name (if applicable)		
Email Address		
Daytime Phone	Fax Number	
<input type="radio"/> I am the Estate Trustee with a will (attach copy of deceased's will) <input type="radio"/> I am the Estate Trustee without a will (attach copy of Certificate of Appointment) <input type="radio"/> 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 August 24, 2022 to:

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