



OPT-OUT FORM

I do **not** want to be included in the class action relating to Guidant defibrillators. I want to **opt out (be excluded from)** this class action. My information is as follows:

Print Name	_____	Date of birth	_____
Address:	_____	City	_____
Province:	_____	Postal Code:	_____
Telephone:	_____	Email address:	_____
Date:	_____	Signature:	_____