



## Opt-Out Form - Philips Respiratory Device (CPAP) Class Action Partial Settlement

- *Morel v. Koninklijke Philips N.V. et al.*, British Columbia Supreme Court File No. S216008 (Vancouver Registry).
- *Roy c. Respironics Inc. et al.*, Québec Court File No. 500-06-001154-216.

### IMPORTANT:

- **This is not a claim form.** This Opt-Out Form is intended for Class Members who do not want to participate in the Partial Settlement. By opting out, you will not be included in the Partial Settlement and **you will not receive any compensation** that may result from it.
- Opting out is not required to continue personal injury claims. Opting out only impacts your participation in the Partial Settlement. There will be an opportunity to opt out with respect to personal injury claims if those claims are certified.
- **If you are a Québec resident**, you must submit your Opt-Out form **to the Clerk of the Superior Court of Québec no later than September 15, 2025 at the following address:**

Clerk of the Superior Court of Québec  
Montreal Courthouse  
1 Notre-Dame St. East,  
Montreal, Quebec H2Y 1B6

The envelope must be postmarked on or before September 15, 2025.

In addition, you may also send your Opt-Out Form to the Administrator using the methods described below.

- **If you reside in any other province or territory**, you must submit your Opt-Out form **to the Administrator no later than September 15, 2025:**
  - As an attachment to an e-mail to [optout.cpapsettlement@kpmg.ca](mailto:optout.cpapsettlement@kpmg.ca)
  - By fax to: 514-840-2291
  - By mail to:  
KPMG, CPAP Settlement Claims Administrator  
600 boul. De Maisonneuve West, Suite 1500  
Montréal, Québec  
H3A 0A3

If submitted by mail, the envelope must be postmarked on or before September 15, 2025. Submissions by email or fax must be received no later than 5:00 p.m. (PDT) on September 15, 2025.

**Important:** Please review and complete all pages of this Opt-Out form. Fields with a \* are required.

## I. Personal Information

- **If you are completing this Opt-Out Form for yourself:** Please enter your own information in this section and proceed to Section III.
- **If you are completing this Opt-Out Form as an estate or legal representative,** please enter the information of the person you are representing in this section and proceed to Section II.
- **If you are completing this Opt-Out Form on behalf of a corporation,** please provide your own information below, as well as the full legal name of the corporation and your position in it at Question 6, and proceed to Section III.

1. First Name: \*

2. Last Name: \*

3. Telephone Number: \*

4. Email Address:

5. Is the Opt Out on behalf of a corporation? \*

Yes

No

6. If you answered "Yes" to question 5 above, please specify the following:

*(Legal name of Corporation)*

*(Your position at the corporation)*

7. Address: \*

*(Street Address)*

*(Apartment Number)*

*(City/Municipality)*

*(Province/Territory/Other)*

*(Country)*

*(Postal Code)*

## II. Estate or Legal Representative Information (if applicable)

If you are completing this Opt-Out Form as the estate or legal representative of a Class Member, **please provide the following information about yourself** and proceed to Section III.

1. First Name: \*

2. Last Name: \*

3. Telephone Number: \*

4. Email Address:

5. Relationship to Class Member: \*

6. Address: \*

(Street Address)

(Apartment Number)

(City/Municipality)

(Province/Territory/Other)

(Country)

(Postal Code)

**Please check the appropriate box below to indicate the status of the Class Member on whose behalf you are submitting this form, and attach supporting documentation confirming your authority to act on their behalf.** \*

Examples of acceptable documentation are provided for each category:

**Minor**

Examples of documentation: court order appointing guardian, custody order, or sworn affidavit confirming authority to act

**Mentally incapable adult**

Examples of documentation: power of attorney, court appointment, guardianship order, mandate in case of incapacity

**Estate of the deceased Class Member**

Examples of documentation: Letters of probate, certificate of appointment of estate trustee, copy of the will naming you as executor

### III. Opt-Out Reason\*\*

Please explain the reason for opting out (for yourself or for the person you represent) and proceed to Section IV.

**\*\*NOTE: This section must be completed by all individuals except those residing in Quebec.**

### IV. Acknowledgement\*

I confirm that I have read and understood the information above. I understand that by opting out, neither I nor the person I represent (if applicable) will be included in the partial settlement or entitled to any compensation that may result from it.\*

Signature

Date (Year-Month-Day)

I solemnly declare that the information provided is correct.\*

By submitting this Opt-Out Form, I confirm that the Administrator or Class Counsel may contact me in the Opt Out review process.\*

By signing the Opt-Out Form, I consent to the use, collection, disclosure, and retention of my personal information provided on this form by KPMG Canada for the purpose of processing my Opt-Out request. I understand that KPMG staff involved in the administration of the Class Action will have access to my personal information and that my responses will be stored securely and retained only for as long as is required for the purposes set out above or as otherwise required to comply with applicable law and professional standards. I also understand that KPMG Canada may process documents using automation to support decision-making. I understand that the personal information provided in this Opt-Out Form may also be disclosed to Class Counsel, Philips, or an auditor, if applicable, for the purpose of: validating identity; carrying out any lawful investigations to confirm that I am an eligible Class Member; processing of Opt-Out or claims; development of payment strategy; and/or reporting obligations. I understand that my personal information may be communicated to another jurisdiction within Canada and that any personal information collected, used, or stored by KPMG Canada as part of this process will be in accordance with KPMG Canada's Privacy Policy.\*