

**PARTICIPATION FORM**

**THIS IS NOT A CLAIM FORM  
THIS FORM IS OPTIONAL**

**RE: CAF Racial Discrimination and Racial Harassment Class Action**

My name is \_\_\_\_\_.

My date of birth is \_\_\_\_\_.

For the reasons stated below, I (please specify):

(If objecting)

Object to the Settlement terms.

Object to the proposed fees and disbursements of Class Counsel.

(If supporting)

Support the Settlement terms and the proposed fees and disbursements of Class Counsel.

Class Members who wish to be entitled to have their views considered as part of the Settlement Approval Hearing must ensure this Participation Form is completed and received **by no later than June 27, 2024**: via email to [forces.class.action@stewartmckelvey.com](mailto:forces.class.action@stewartmckelvey.com) or by mail or courier to Forces Class Action, c/o Stewart McKelvey, 600-1741 Lower Water Street, P.O. Box 997, Halifax, Nova Scotia, B3J 2X2.

I (support/object to) the Settlement/fees for the following reasons (please attach extra pages if you require more space):

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Check all that apply:

- I have enclosed copies of documentation supporting my views.
- I have **NOT** enclosed documentation supporting my views, and I do not intend to provide any.
- I intend to appear, in person or by counsel at my expense, and to make submissions at the Settlement Approval hearing scheduled for July 16 and 17, 2024.
- I intend to appear by videoconference and to make submissions at the hearing.
- I do **NOT** intend to appear in person or by videoconference at the hearing of the motion to approve the Settlement, and I understand that my views will be filed with the Court before the hearing of the Settlement Approval motion.

**MY ADDRESS FOR SERVICE IS:**

Name:

Address:

Tel.:

Fax:

Email:

**MY LAWYER'S ADDRESS FOR SERVICE IS (if applicable, but you do not need a lawyer to object):**

Name:

Address:

Tel.:

Fax:

Email:

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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