Objection Form

Class Action Regarding the Calculation of SISIP Long Term Disability Benefits

Logan v His Majesty the King, Court File Number: T-1358-18

ONLY USE THIS FORM IF YOU WANT TO $\underline{\text{OBJECT}}$ TO THE PROPOSED SETTLEMENT

SEND YOUR OBJECTION FORM TO: McInnes Cooper, PO Box 730, Halifax, NS B3J 2V1 ATTN: SISIP LTD Class Action or email it to sisipclassaction@mcinnescooper.com

Your	r objection should be delivered to McInnes Cooper by March 21, 2023.
My r	name is
I am	(please specify):
	A former member of the Canadian Armed Forces who was released on or before December 31, 2021 and who on or after July 17, 2012 received, long term disability benefits and/or dismemberment benefits under Division 2, Part III(B) of SISIP Policy 901102, and had a monthly allowance from the Canadian Armed Forces in effect on the date of my release from the Canadian Armed Forces or, in the case of a Class "C" member, when the injury was incurred or the illness was contracted.
	I represent an individual who meets the above description.
I obj	ect to the terms of the Proposed Settlement.
	objecting to the Proposed Settlement for the following reasons (please attach extra pages if require more space):

	I have enclosed copies of documentation supporting my objection. (You do not have to attach any documents.)		
	I have NOT enclosed documentation supporting my objections and I do not intend to provide any.		
	I do NOT intend to appear at the hearing of the motion to approve the proposed settlement, and I understand that Class Counsel (McInnes Cooper) will file my objection with the Court on my behalf prior to the hearing of the motion on April 13, 2023.		
	I intend to appear, in person or by counsel, and to make submissions at the hearing on April 13, 2023.		
MY AI	DDRESS IS:	MY LAWYER'S ADDRESS FOR SERVICE IS (if applicable, but you do not need a lawyer to object):	
Name:		Name:	

Address:

Tel.:

Fax:

Email:

Signature:

Address:

Tel.:

Fax:

Email:

Date: