

Asia Packaging Group Inc. Class Action  
c/o RicePoint Administration Inc.  
P.O. Box 4454, Toronto Station A  
25 The Esplanade, Toronto ON  
M5W 4B1



**ASQ**

**Must Be Postmarked  
No Later Than  
November 30, 2018**

«Barcode»

Postal Service: Please do not mark barcode

Claim#: ASQ-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

## ASIA PACKAGING GROUP INC. CLASS ACTION OPT-OUT FORM

This form is not a registration form or a claim form. This form excludes you from participation in the Settlement Agreement between the Class and Manning Elliott LLP. If you complete and submit this form, you will not be eligible to receive any benefits under the settlement. Do not use this form if you want to remain in the Class. If you want to be excluded from the Class, this form must be received by RicePoint Administration Inc. ("Claims Administrator") at the address below.

### IDENTIFICATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

### Identification of person signing Opt-Out Form (please fill in):

- I represent that I held Asia Packaging Group Inc. securities, or am the authorized representative of a corporation that the securities, either directly or beneficially, which I acquired during the period April 26, 2011 to and including November 6, 2013. I am the above identified class member. I am signing this form to exclude myself from participating in this settlement between the Class and Manning Elliott LLP



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**Purpose for Opting Out [Completion of this section of the Opt-Out Form is voluntary, will not be binding on you if you choose to complete it and has no bearing on the validity of the Opt-Out Form] - (fill in only one):**

- My current intention is to begin individual litigation against Manning Elliott LLP.
- I am opting out of the class action for a reason other than to begin individual litigation against Manning Elliott LLP in relation to the matters alleged in the Proceeding. I am opting out for the following reason(s):

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**I UNDERSTAND THAT BY OPTING OUT I WILL NEVER BE ELIGIBLE TO RECEIVE BENEFITS OBTAINED BY WAY OF THE SETTLEMENT AGREEMENT BETWEEN PAUL CARTER AND F. PHILIP WILHELMSSEN, IN THEIR CAPACITY AS REPRESENTATIVE PLAINTIFFS UNDER THE CLASS PROCEEDINGS ACT, SA 2003, C. C-16.5, AND THE CLASS PROCEEDINGS ACT, RSBC 1996, C. 50, AND MANNING ELLIOTT LLP, NOR WILL I BE BOUND BY THE PARTIAL SETTLEMENT OF THAT ACTION.**

**I FURTHER UNDERSTAND THAT BY OPTING OUT, CLASS COUNSEL CANNOT REPRESENT ME IN ANY INDIVIDUAL ACTION I MAY BRING.**

**I FURTHER UNDERSTAND THAT BY OPTING OUT, I WILL BE RESPONSIBLE FOR ALL LEGAL FEES AND COSTS THAT MAY BE INCURRED BY ME IF I CHOOSE TO PURSUE MY OWN INDIVIDUAL CLAIM.**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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Social Insurance Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Taxpayer Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone number (Work)

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Telephone number (Home)

This completed Opt-Out Form must be received by the Claims Administrator by regular mail at the following address:

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