OPT-OUT FORM

BANK OF MONTREAL CLASS ACTIONS

| TO: Class Counsel | |
|---|--|
| I, (ir of the Bank of Montreal Class A | nsert full name), have received notice of the proposed settlement ctions. |
| I believe that I am a Class Meml | ber. |
| | eal on May 27, 2018, and my Personal Information was impacted nat occurred on or around that date. |
| I do NOT wish to participate in t | he Bank of Montreal Class Actions. |
| I understand that by opting out be available to the Class upon re | of the Class Actions, I will not be eligible for any benefit that may esolution of this matter. |
| I understand that, if I wish to respect to the Data Breach, I mu | seek to pursue any remedy against the Bank of Montreal with ust do so on my own. |
| Dated the day of | , 202 |
| (signature) | |
| Insert Mailing Address: | |
| | |
| Telephone Number: | |
| Email Address: | |
| | |

In order to validly opt out, you must complete and send this opt out form by email no later than **February 10, 2021** or by courier postmarked no later than **February 5, 2021** to one of the Class Counsel.

Return your completed Opt-Out Form by email to info@sotosclassactions.com.

If you are a Québec resident, you also must send this opt out form to :

Greffier de la Cour supérieure du Québec

Palais de justice de Montréal Dossier no : 500-06-000944-187 1 rue Notre-Dame Est, salle 1.120 Montréal, Québec H2Y 1B6