OPT OUT FORM

io: Class Counsel	
I,Class Action.	_ (insert full name), have received notice of the Simplii Financial
I believe that I am a Class N	Лember.
•	ancial on May 27, 2018, and I was notified by Simplii Financial that my accessed or accessible as a result of the Data Breach that occurred or
I do NOT wish to participat	e in the Simplii Financial Class Action.
	g out of this Class Action, I will not be eligible for any benefit that may on resolution of this matter.
I understand that, if I wisl Commerce, I must do so or	n to pursue any remedy with respect to Canadian Imperial Bank on my own.
Dated the day of	, 2020
(signature)	
Insert Mailing Address:	
Telephone Number:	
Email Address:	

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