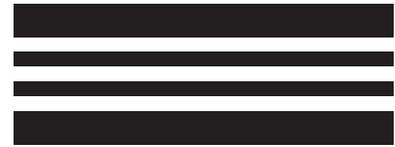


Registry (Grefe) of the Superior Court of Québec  
Palais de Justice de Montréal  
Dossier No. 500-06-000720-140  
1 rue Notre-Dame Est, Salle 1.120  
Montreal, QC H2Y 1B6



*4037308 Canada Inc. v. Navistar Canada Inc. et al.*

SUPERIOR COURT OF QUEBEC

Case No. 500-06-000720-140

**Must Be Postmarked No Later Than October 1, 2021**

## EXCLUSION FORM

### CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City										State					ZIP Code						
Foreign Province										Foreign Postal Code					Foreign Country Name/Abbreviation						

Complete this exclusion form **only** if you are a member of the Class (as described in the Notice) **and** you wish to be excluded from participating in the Class Action *4037308 Canada Inc. v. Navistar Canada Inc., et al.*, Superior Court of Quebec File No. 500-06-000720-140 (District of Montréal). This form must be received by the Clerk of the Court on or before **October 1, 2021** at the following address:

**Registry (Grefe) of the Superior Court of Québec  
Palais de Justice de Montréal  
Dossier No. 500-06-000720-140  
1 rue Notre-Dame Est, Salle 1.120  
Montréal, QC H2Y 1B6**

If you exclude yourself, you cannot receive any benefits from the Settlement.

If you wish to exclude yourself, you must request exclusion for all Class Vehicles you own(ed) or lease(d). You may not exclude yourself from the Class for one or more Class Vehicles while also seeking benefits of the Class Action for other Class Vehicles.

**Please read the Class Notice (available at [www.maxxforsettlement.ca](http://www.maxxforsettlement.ca)) regarding the Settlement carefully before filling out this form. Terms in this Exclusion Form are defined in the Class Notice and the Settlement Agreement, both of which are available at the Settlement Website or by calling 1-888-876-0851 or emailing [maxxforsettlement@ricepoint.com](mailto:maxxforsettlement@ricepoint.com).**

Contact the Settlement Administrator at 1-888-876-0851 or [maxxforsettlement@ricepoint.com](mailto:maxxforsettlement@ricepoint.com) with any questions about completing this Exclusion Form.

**I. MEMBER CONTACT INFORMATION**

[Empty grid for contact information]																							
Email address																							
[Empty grid for area code]						[Empty grid for telephone number (home)]						[Empty grid for area code]						[Empty grid for telephone number (work)]					
Area code						Telephone number (home)						Area code						Telephone number (work)					

**II. VEHICLE INFORMATION**

*If you owned or leased more than one Class Vehicle, complete and attach an additional page for each Class Vehicle.*

[Empty grid for VIN]																													
Vehicle Identification Number (VIN)																													
[Empty grid for model year]						[Empty grid for vehicle model]																							
Model Year						Vehicle Model																							
Are you the original owner or lessee? <input type="radio"/> Yes <input type="radio"/> No																													
[Empty grid for owner/lessor name]																													
If you leased the Class Vehicle, provide the name of the owner/lessor																													
Do you still own or lease your vehicle? <input type="radio"/> Yes <input type="radio"/> No																													
Date purchased/leased (MM/YYYY)												Date sold/lease terminated (MM/YYYY)																	
[M][M]		/										[Y][Y][Y][Y]		to		[M][M]		/										[Y][Y][Y][Y]	
Month												Year				Month												Year	

**STATEMENT OF THE CLASS MEMBER’S DESIRE TO OPT OUT OF THE CLASS**

**I have read and understood the court-approved Class Notice and believe that I am a member\* of the Class in this lawsuit.**

**I wish to opt out of (be excluded from) this Class proceeding. I understand that by opting out, I cannot receive any possible money or benefits that members of the Class may receive through the Settlement.**

**I confirm that by signing this form, I am forever waiving my right to any money or benefits received through the Settlement.**

Signature: \_\_\_\_\_ Dated (dd/mm/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

\*If the Class Member is an entity and not an individual, the request must be signed by an officer or director of the entity and include a statement that attests to that person’s ability to act on behalf of the entity. Exclusions signed only by Counsel or another representative will not be permitted.