SCHEDULE "B"

OBJECTION FORM

ONLY SUBMIT THIS FORM IF YOU WISH TO <u>OBJECT</u> TO THE PROPOSED SETTLEMENT AND/OR LEGAL FEES OF CLASS COUNSEL OR OTHER LEGAL FEES

MAIL YOUR OBJECTION FORM TO: 1-554 St. Mary's Road, Winnipeg, MB, R2M 3L5 or email the form as an attachment to <u>info@CSAsettlement.com</u>

YOUR OBJECTION MUST BE DELIVERED BY: August 26, 2024, 5:00 P.M. CST

Objector's Contact Information:							
First Name		Last Name					
Mailing Address							
City	Province		Postal Code				
Telephone Number		Email Address:					
Brief Statement of the Nature and Reasons for Objection: I am objecting to the Proposed Settlement or legal fees for the following reasons:							

Authorized by the Court of King's Bench of Manitoba

Inter	tion to Appear at the Settlemen	t Approval Hearii	ng:				
	I do not intend to appear at the Settlement Approval Hearing on September 5 and 6, 2024, and I understand that my objection will be filed with the Court prior to the hearing.						
	intend to appear, in person or by counsel, and to make submissions at the Settlement Approval Hearing on September 5 and 6, 2024.						
You do not need a lawyer to object to the proposed Settlement or to make an oral submission at the Settlement Approval Hearing; however, if you will be participating through a lawyer, please provide the following information for your lawyer:							
	Lawyer's First and Last Name		Lawyer's Law Firm				
	Lawyer's Mailing Address						
	City	Province		Postal Code			
	Lawyer's Telephone Number		Lawyer's Email Address:				
Attes	station:						
	I attest that I am a Class Member the estate of a Class Member, of						
	The information in this Objection Form is true and correct to the best of my knowledge.						
Sign	ed on, 2024, in _ Date	City	,Pr	ovince .			
Printed	I Name	Signature					