

OPT-OUT FORM

ONLY SUBMIT THIS FORM IF YOU **DO NOT** WANT TO
PARTICIPATE IN THE SETTLEMENT.

Instructions: Fill out and submit this form by mail, courier or email **ONLY IF YOU WISH TO BE EXCLUDED** from the proposed class action settlement in *Chun v. Vancouver Whitecaps FC L.P. et al.*

1. REQUESTOR IDENTIFICATION

Provide the following information about the person (*i.e.*, the purchaser of the ticket to the match between the Whitecaps FC and Inter Miami CF on May 25, 2024 (the "**Match**")) submitting or, if applicable, on whose behalf you are submitting, this opt-out form.

Last Name:		First Name:		Middle Initial:
Address:			Suite Number:	
City:	Province:	Postal Code:	Country:	
Phone Number:		Email Address (if available):		

2. REPRESENTATIVE IDENTIFICATION (IF SUBMITTING ON BEHALF OF A PERSON WHO IS DECEASED OR A MINOR OR FOR OTHER REASON)

If you are opting out of the proposed settlement on someone else's behalf, please provide the following personal identification information and attach a copy of your power of attorney, court order or other authorization that allows you to represent this person.

YOU ARE SUBMITTING THIS FORM ON BEHALF OF SOMEONE WHO IS:				
<input type="checkbox"/> DECEASED <input type="checkbox"/> A MINOR <input type="checkbox"/> OTHER REASON (Identify: _____)				
Representative's Last Name:		Representative's First Name:		Representative's Relationship to Requestor:
Representative's Mailing Address:				Suite Number:
City:	Province/State:	Postal Code/Zip Code:	Country:	
Representative's Phone Number:	Representative's Email Address:		Representative's Law Firm Name (if applicable):	

NOTE: THIS OPT-OUT REQUEST WILL BE INVALID UNLESS SIGNED PERSONALLY BY THE REQUESTOR EXCEPT WHERE THE REQUESTOR IS DECEASED, A MINOR OR LEGALLY INCAPACITATED.

3. TICKET IDENTIFICATION

Please provide the following information concerning your purchase of the ticket to the Match.

Number of tickets purchased:	Price paid for each ticket:	Date on which Tickets Purchased:	Whether you attended the Match (y/n):

4. I WISH TO OPT OUT

Check the box below to confirm your intention to opt out of the proposed *Chun v. Vancouver Whitecaps FC L.P. et al* class action settlement.

I wish to be excluded from the *Chun v. Vancouver Whitecaps FC L.P. et al* class action settlement and am opting out.

☐ **I OPT OUT**

5. SIGNATURE

Your Signature

____/____/____
YYYY MM DD

If you wish to opt out of the proposed settlement, **your Opt-Out Form and any attachment MUST be received on or before January 28, 2026**, by mail or courier to Simon Lin **c/o EVOLINK LAW GROUP, 4388 Still Creek Drive, Suite 237, Burnaby, British Columbia, V5C 6C6**, or by email at whitecaps-settlement@evolinklaw.com.