

**TCE CLASS ACTION AGAINST NORTHSTAR AEROSPACE COMPANIES
OPT-OUT FORM**

In order to exclude yourself from the settlement, a completed Opt-Out Form must be sent to the Claims Administrator, postmarked no later than August 24, 2009 at the following address:

TCE Claims Administrator
305 King Street West Suite 401
Kitchener, ON N2G 1B9

Please provide the following information:

| | | |
|--|--|---------------------------|
| Name: | | |
| | Legal Name of Opt-Out | |
| | | |
| | Contact Person (if different than above) | |
| Address of property within the Class Area: | | |
| | No./Apt./Street | City |
| | | |
| | Province | Postal Code |
| If property was co-owned, name of the other property owner(s): | | |
| Time period during which property was owned: | | |
| | Date purchased | Date sold (if applicable) |
| Current address (if different than address above): | | |
| | No./Apt./Street | City |
| | | |
| | Province | Postal Code |
| Telephone: | | |
| | Area code / phone no. (Ext. if applicable) | |

If the contact person is other than the Opt-Out, please provide identification of person signing this Opt-Out Form (check one only):

- I am an authorized employee, officer or director of the above-identified Opt-Out. I am signing this Opt-Out Form to exclude the Opt-Out from the settlements and the litigation.
- I am the trustee, receiver or other representative of the above-identified Opt-Out. I am signing this Opt-Out Form to exclude the Opt-Out from the settlements and the litigation.

Please indicate your reasons for opting out: _____

I declare that the information on this Opt-Out Form is true, correct and complete to the best of my knowledge, information and belief.

Signature (Opt-Out or Representative)

Date Signed