

**CLASS ACTION SETTLEMENT  
OPT-OUT FORM**

In order to exclude yourself from the Canada Life Financial Corporation and Great-West Lifeco Inc. class action, you must submit a completed Opt-Out Form postmarked, faxed or emailed no later than **August 11, 2010** to the following address:

**Mail:** Michael Robb, Siskinds LLP, 680 Waterloo Street, London, Ontario N6A 3V8, Canada

**Email:** clfcclassaction@siskinds.com

**Fax:** 519.660.7873

Before sending this Opt-Out Form, please review Section 8 of the Approval Notice, which outlines the consequences of opting out. The Approval Notice is available, in English and French, online at [www.clfcclassaction.ca](http://www.clfcclassaction.ca) or by calling Class Counsel toll-free: in North America 1-800-461-6166 and in the United Kingdom or Ireland 00-800-0399-9999.

If you opt out, you will not be entitled to compensation under the Settlement Agreement.

Please provide the following information (attach additional pages if space is insufficient):

<b>SECTION 1 - Identification of Opt-Out</b>	
Name:	_____ Legal Name of Opt-Out
Date of Birth:	_____ Month, day, year
Address:	_____ No./Apt./Street
	_____ Province/State and Country
	_____ City
	_____ Postal Code
Telephone:	_____ Area code / phone no. (Ext. if applicable)
Policy Number:	_____ The Canada Life Assurance Company Policy Number (if applicable)

Please attach proof of identification. Proof of identification may include a copy of your driver's license, passport, or other government-issued photograph identification.

If you have changed your name, please list your former name and attach proof of name change. Proof of name change may include a marriage certificate or government-issued document confirming a legal name change.

Please describe the proof of identification and name change (if applicable) that you are attaching.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 2 - Opt-Out Forms Filed by Authorized Personal Representatives

Name:

Legal Name of Authorized Personal Representative (for example, estate trustee or executor, trustee in bankruptcy, or holder of a power of attorney for property)

Address:

No./Apt./Street

City

Province/State and Country

Postal Code

Telephone:

Area code / phone no. (Ext. if applicable)

Please attach a copy of the document authorizing you to act on behalf of the former Canada Life Financial Corporation shareholder, such as a will, court order, or power of attorney.

Please describe the document that you are attaching.

Please attach proof of identification. Proof of identification may include a copy of your driver's license, passport, or other government-issued photograph identification.

Please describe the proof of identification that you are attaching.

## SECTION 3 - Reasons for Opting Out (Optional)

Please indicate your reasons for opting out:

## SECTION 4 - Declaration

I hereby opt out of the Canada Life Financial Corporation and Great-West Lifeco Inc. class action (*Gray v. Canada Life Financial Corporation et al.*, Court of Queen's Bench of Manitoba File No. CI 08-01-57010 (Winnipeg Centre)). I hereby acknowledge that by signing this Opt-Out Form, I will be precluded from participating in the Canada Life Financial Corporation and Great-West Lifeco Inc. class action settlement.

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 Authorized Personal Representative)

Date Signed

Signature (Opt-Out or Authorized Personal Representative)

Date Signed

If shares are jointly held, all shareholders must sign