OBJECTION FORM

Canadian M2a 38, M2a MAGNUM and ReCAP FEMORAL RESURFACING SYSTEM CLASS ACTION

NATIONAL SETTLEMENT AGREEMENT

Steven Dalton Dine v. Biomet Inc., Biomet Orthopedics LLC, Biomet Manufacturing Corp., Biomet U.S. Reconstruction LLC and Biomet Canada Inc., Court File No. CV-13-490112-CP

Conseil pour la protection des malades c. Biomet Canada inc., No. 500-06-000745-154

THIS IS NOT A CLAIM FORM

ONLY SUBMIT THIS IF YOU WISH TO OBJECT TO THE PROPOSED SETTLEMENT OR LEGAL FEES

SEND YOUR OBJECTION FORM TO:

Email: <u>biometclassaction@kmlaw.ca</u>

Regular Mail: Koskie Minsky LLP

20 Queen Street West Suite 900, Box 52 Toronto, Ontario

M5H 3R3

Your objection must be delivered by October 11, 2024.

The class action and the proposed settlement apply **only** to persons who meet the class definition:

- All persons who were implanted in Canada with metal-on-metal hip implant systems known as the M2a 38, the M2a Magnum and the ReCap Femoral Resurfacing System; and
- All other persons who by reason of a personal relationship to an implant patient have standing pursuant to section 61(1) of the Family Law Act or equivalent legislation in other provinces and territories.

Contact Information:

First Name		Last Name			
Mailing Address (Street, P.O Box, as applicable)					
City	Province		Postal Code		
Telephone Number (with area code)		mail Address			

Biomet Device Information:

Name of Biomet Hip Implar numbers, if known):	nt Device (includin	ig part, refere	ence, catalogue, and lot	
Name of Hospital where Biomet Device was Implanted				
City of Implant Hospital	Province of Implant Hospital		Country of Implant Hospital	
Date of Original Biomet Hip Surgery) Implant	Date of Rev	ision Surgery (if applicable)	

Brief Statement of the Nature and Reasons for Objection:

	objecting to the proposed settlement or the legal fees requested by Class Counsel ne following reasons (attach additional pages if required):
Atte	station (please check applicable boxes):
	I was implanted with a Biomet M2a Magnum, M2a 38 or the Recap Femoral Resurfacing System hip implant device and have not previously opted out of this class proceeding on or before August 8, 2019 (if implant surgery was done at Grace General Hospital [Winnipeg], Winnipeg Grace Hospital [Winnipeg], Health Sciences Centre [Winnipeg], Santa Cabrini Hospital [Montreal] and Hospital Maisonneuve-Rosemont [Montreal] or on or before May 31, 2017 (if implant surgery was done in any other hospital).
	The information in this Objection Form is true and correct to the best of my knowledge.
Inte	ntion to Appear at the Hearing (please check applicable box):
	I do NOT intend to appear at the hearing of the motion to approve the proposed settlement, and I understand that my objection will be filed with the Court prior to the hearing on October 25, 2024.
	I intend to appear, in person or by counsel, and to make submissions at the hearing on October 25, 2024.

You do NOT need a lawyer to object to the proposed settlement or the legal fees requested by Class Counsel. However, if a lawyer will be representing you, please provide the following information for your lawyer:

Lawyer's First and Last Name:		Lawyer's Law Firm		
Lawyer's Mailing Address (S	street, P.O. Box	, as applicable)	
City	Province		Postal Code	
Lawyer's Telephone Number (with area code)	Lawyer's Email Address			
Signature:				
Executed on Date (mm/dd/yyg	, in	City	Province	
Printed Name		Signature		