

**Cominco/Teck/Agrium Pension Plan Conversion Class Action**

*Please read through the form below carefully before you fill it out. Fill out only the sections that apply to you as a current employee, former employee, or personal representative of a deceased employee. If you have any questions, please contact Natalie at 1-800-689-2322 or [nfulton@cfmlawyers.ca](mailto:nfulton@cfmlawyers.ca).*

I have read the letter to class members dated December 4, 2014 for the class action that relates to the 1992 conversion from a defined benefit pension plan to a defined contribution pension plan for employees at Cominco/Teck/Agrium.

**For all current employees:**

I confirm that I am a current salaried, pension-eligible, non-union employee of Cominco/Teck/Agrium and I elected to move from the defined benefit pension plan to the defined contribution pension plan effective on or about January 1, 1993.

**For all current and former employees:**

I confirm that I am a former salaried, pension-eligible, non-union employee of Cominco/Teck/Agrium and I elected to move from the defined benefit pension plan to the defined contribution pension plan effective on or about January 1, 1993.

**For the personal representatives of deceased class members:**

I confirm that I am the personal representative for \_\_\_\_\_, deceased, a former salaried, pension-eligible, non-union employee of Cominco/Teck/Agrium and that \_\_\_\_\_, deceased, elected to move from the defined benefit pension plan to the defined contribution pension plan effective on or about January 1, 1993.

**FORM CONTINUES ON NEXT PAGE – PLEASE TURN OVER**

I also confirm that *[please check the appropriate box]*:

- For living class members:** I want to share in the settlement funds.
- For deceased class members and their personal representatives:** On behalf of the estate of \_\_\_\_\_ *[please fill in name]*, deceased, I want the estate to share in the settlement funds.

*Signature:* \_\_\_\_\_

*Your name (please print):* \_\_\_\_\_

*Date (dd/mmm/yyyy):* \_\_\_\_\_

*Postal address* \_\_\_\_\_

*E-Mail address* \_\_\_\_\_

*Telephone numbers*      (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Send this form by mail, fax, email or courier so that it received within 30 days of November?, 2014 to:

**Mail or Courier:** Camp Fiorante Matthews Mogerman  
400-856 Homer Street  
Vancouver, BC V6B 2W5  
Attn: Natalie Fulton

**Fax:** (604) 689-7554

**Email:** nfulton@cfmlawyers.ca

If you have any questions or concerns please call Natalie Fulton at 604-331-9525 or 1-800-689-2322 or e-mail Natalie Fulton at nfulton@cfmlawyers.ca