

Exhibit “R-5”

CANADIAN REXULTI® CLASS ACTION SETTLEMENT

OPT OUT FORM

This is NOT a Claim Form. If you were prescribed and ingested REXULTI® between February 16, 2017 and August 23, 2025 and became a Class Member after May 15, 2024, meaning that you first experienced Compulsive Behaviours between May 16, 2024 and August 23, 2025, completing this Form will EXCLUDE you and members of your family from participating in the Canadian Settlement.¹

If you became a Class Member prior to the expiration of the opt out deadline of May 15, 2024 that was set by the Superior Court of Québec on March 7, 2024, you may no longer opt out.

DO NOT complete this Form if you wish to seek compensation under the Canadian REXULTI® Settlement.

To be effective as an election to opt-out of the Proceedings, this Opt-Out Form must be completed, signed **and received** by the Claims Administrator **no later than October 23, 2025**.

Please read the entire form and follow the instructions carefully. Only completed Opt-Out Forms postmarked or received by the Claims Administrator by October 23, 2025 will be considered valid.

SECTION 1 – IDENTIFICATION OF THE PERSON SIGNING THIS OPT OUT FORM (SELECT ONLY ONE OPTION):

☐ **REXULTI® Class Member** – I was prescribed and ingested REXULTI® between February 16, 2017 and August 23, 2025 and became a Class Member between May 16, 2024 and August 23, 2025. By completing and signing this Opt Out Form, I am excluding myself from participating in the Canadian Settlement. I understand that by opting out of the Settlement, I EXCLUDE myself and any eligible Family Class Member from receiving benefits under the Settlement Agreement.

☐ **Legal representative** – I am the legal representative for the above identified Settlement Class Member. By completing and signing this Opt Out Form, I am excluding the Settlement

¹ Unless otherwise indicated herein, capitalized terms have the meanings set out in the Settlement Agreement.

Class Member from participation in the Canadian REXULTI® Settlement Agreement. I understand that by opting the Settlement Class Member out of the Settlement Agreement, I exclude both them and any eligible Family Class Member from receiving benefits under the Settlement Agreement.

SECTION 2 – REASON FOR OPT OUT (OPTIONAL INFORMATION) – If you wish to give your reason for excluding yourself from the Settlement Agreement, please write it out below:

SECTION 3 – PERSONAL INFORMATION – Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of a Settlement Class Member, please provide the following information about the Settlement Class Member.

First Name _____ Last Name _____

Date of Birth (DD/MM/YYYY) _____

Street Address _____

City _____

Province _____

Postal Code _____

Telephone (Daytime) _____

Telephone (Alternate) _____

Email _____

Health Card Number _____

Date of Death (if applicable) _____ Death Certificate Attached
DD/MM/YYYY

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

_____ minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor);

_____ a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);

_____ the estate of a deceased person (Letters Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

SECTION 4 – LAWYER INFORMATION (IF APPLICABLE) – If you, or the Settlement Class Member, has hired a lawyer in connection with a claim arising from the Class Member's use of REXULTI® please provide the following information about the lawyer:

Lawyer's First and Last Name _____

Law Firm _____

Lawyer's Phone Number _____

Lawyer's E-mail Address _____

SECTION 5 – SIGNATURE

Date _____
DD/MM/YYYY

Name of Settlement Class Member _____

Signature of Settlement Class Member _____

Name of Legal Representative (if applicable) _____

Signature of Legal Representative (if applicable) _____

Name of Lawyer (if applicable) _____

Signature of Lawyer (if applicable) _____

The deadline to submit an Opt Out Form is OCTOBER 23, 2025.

To be effective as an election to Opt Out of the proceedings, this Form must be completed, signed and sent to the Clerk of the Superior Court of Québec at the address listed below, by regular mail or courier and **must be received by no later than October 23, 2025 at:**

Clerk of the Superior Court of Québec
Montreal Courthouse
1, Notre-Dame Street East, Room 1.120
Montreal (Quebec) H2Y 1B6
Court file no. 500-06-000948-188

To be effective as an election to Opt Out of the proceedings, this Form must also be completed, signed and sent to the Claims Administrator at the address listed below, by regular mail, courier or fax **and must be received by the Claims Administrator no later than October 23, 2025 at:**

MNP Ltd. – Class Actions Claims Administration
2000, 112 - 4th Avenue SW
Calgary, AB, T2P 0H3
rexultisettlement@mnp.ca
Toll-Free: 1 (855) 653-0027

If you have questions about using or completing this Opt Out Form, please contact Class Counsel, your lawyer, or the Claims Administrator.

CLASS COUNSEL

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