

FSD PHARMA, INC. SECURITIES CLASS ACTION OPT-OUT FORM

This is **NOT** a Claim Form.

Class Members who wish to pursue their own action or who do not want to be bound by the outcome of this Class Action **MUST OPT-OUT** of the Class Action by submitting this **Opt-Out Form by January 22, 2021, 5:00pm EST.**

TO: **FSD Pharma, Inc. Class Action,
Trilogy Class Action Services,
117 Queen Street, P.O. Box 1000,
Niagara-on-the-Lake, Ontario, L0S 1J0,
Fax: 416-342-1761,
Phone: 1-877-400-1211,
Email: optout@trilogyclassactions.ca**

- I hereby acknowledge that by opting out, I am confirming that I do not wish to participate in the FSD Pharma, Inc. securities class action;
- I hereby acknowledge that as a Class Members I may pursue my own legal action and/or I do not want to be bound by the outcome of this Class Action by opting out of this Class Action;
- I hereby acknowledge that if I wish to pursue other claims against the Defendant relating to the matters at issue in this Class Action, I shall seek independent legal advice at my own expense;

Optional: Please explain your reason(s) for opting-out.

Trading Information: Specify in the space below the dates and volumes of FSD Pharma, Inc. class B common shares purchased and sold by you in the secondary market, on or after September 20, 2018, and held some or all of those securities until on or after the close of trading on February 7, 2019 (“**Class Period**”). Attach true copies of (i) all trade confirmation slips in respect of transactions in the Shares during the Class Period (and ten days after the end of the Class Period), or (ii) all monthly statements with information concerning transactions in the Shares during the Class Period (and ten days after the end of the Class Period) (“**Supporting Documents**”). to the O&O Administrator on or before the **Opt-Out Deadline of January 22, 2021, 5:00pm EST.**

Date:

Signature of Witness:

Signature of Class Member:

Name of Witness: (Print Name)

Name of Class Member: (Print Name)

If opting out on behalf of a corporation, by signing you acknowledge that you are an authorized signing officer.

Name of Corporation:

Position:

Telephone:

Email:

Address:

Note: To Opt-Out, you must properly complete and submit this Opt-Out Form, together with all required Supporting Documentation specified above and received at the above mailing or e-mail address by no later than Opt-Out Deadline of 5:00pm EST on January 22, 2021.