FSD PHARMA, INC. SECURITIES CLASS ACTION OBJECTION and NOTICE OF INTENTION TO APPEAR

This is **NOT** a claim form.

This Objection Form and Notice of Intention to Appear Form must be received by Trilogy Class Action Services on or before 5:00 pm EST, January 22, 2021.

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: objection@trilogyclassactions.ca

☐ I object to the Settlement Agreement or parts thereof.	
$\hfill \square$ I hereby acknowledge that should I seek the advice and guidance of my own Lawyer, I may do so at my own expense.	

THE APPROVAL HEARING:

The Court will be asked to approve the proposed Settlement and the lawyers' fees, disbursements, expenses and taxes at a hearing to be held on February 4, 2021 at 10:00a.m. at the courthouse located at 130 Queen Street West, Toronto, Ontario.

Last Name:	First and Middle Names:
Address:	
Telephone:	Work:
Date of Birth: (month/day/year)	Email:
Number of securities acquired in Class Period:	Dates disposed (if applicable):
Number of Securities asquired in Glass 1 crisa.	Dates disposed (ii applicasis).

LEGAL COUNSEL APPEARING ON YOUR BEHALF (IF ANY):

Last Name:	First Name
Address:	
Telephone:	
Briefly Describe the Nature of Your Objection(s): You m	hay attach separate pages if necessary:
Signature:	Date:

If you wish for your objection(s) to be considered or to make submissions at the settlement approval hearing, you must properly fill out this form and send it to Trilogy Class Action Services on or before 5:00pm, EST, January 22, 2021 in one of the following ways:

By Mail:

FSD Pharma, Inc. Class Action, Trilogy Class Action Services, 117 Queen St, P.O. BOX 1000, Niagara on the Lake, ON,

L0S 1J0

By Fax: 416-342-1761

By Email: objection@trilogyclassactions.ca