

**Schedule 2 - ASB opt out election form**

**OPT OUT FORM**

**IN THE HIGH COURT OF NEW ZEALAND  
AUCKLAND REGISTRY**

**CIV 2021-404-1190**

**Anthony Paul Simons & Ors**

**PLAINTIFFS**

**ANZ Bank New Zealand Limited**

**FIRST DEFENDANT**

**ASB Bank Limited**

**SECOND DEFENDANT**

**TO:** Scott Russell

By email:

Scott.Russell@russelllegal.co.nz

Russell Legal  
1 Beaumont Street  
Auckland 1010

To the extent that I/we \_\_\_\_\_, am/are class member(s) in the representative proceeding against ASB, I/we opt out of the representative proceeding.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signed by: [Name]

[Insert capacity e.g. class member/lawyer for the class member]

[Please also complete the next page]

**Class member details**

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are signing as the solicitor or representative of the class member:**

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Once form is completed email to  
Scott.Russell@russelllegal.co.nz**