

CANADA
 PROVINCE OF BRITISH COLUMBIA
 In re: Silicone Gel Breast Implants
 Products Liability Class Action
 Litigation in British Columbia

HELEN HARRINGTON Representative Plaintiff, v. DOW CORNING CORPORATION, DOW CORNING CANADA, INC., THE DOW CHEMICAL COMPANY, DOW CORNING-WRIGHT CORPORATION, <u>et al.</u> Defendants.
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PROVINCE OF BRITISH COLUMBIA
 Supreme Court
 No: C95 4330 Vancouver Registry
 Proceeding under the Class Proceedings
 Act, 1995

SOLICITOR’S CERTIFICATE OF LEGAL ADVICE

(To be submitted to the Claims Administrator simultaneously with the submission of the Claim Form by the Settlement Class Member(s) listed by the Solicitor on Attachment 1, hereto, who are represented by the Solicitor identified below.)

NOTE: This Certificate may be completed online at: www.canadianbreastimplantsettlement.com

I, _____, Solicitor, hereby certify that:

1. I am a solicitor licensed to practice in _____;
2. I represent the Settlement Class Member(s) whose names are listed on Attachment 1 to this certificate;
3. I obtained a copy of the “Dow Corning / British Columbia and Other Provinces Breast Implant Litigation Settlement Agreement,” dated January 21, 1999 (“Agreement”) and prior to each Settlement Class Member, listed on Attachment 1, signing and submitting a Claim Form pursuant to the Agreement, I explained to each such Settlement Class Member, and provided legal advice regarding, the nature and effect of the terms of the Agreement. That advice included an explanation of the importance of making full disclosure to the Claims Administrator of all information regarding her breast implant surgeries, the identity(ies) of the manufacturer(s) of her breast implant(s), her medical condition(s) allegedly related to her breast implant(s), other claims she may have or had related to her breast implant(s), and the consequences that may result if such information is not revealed to the Claims Administrator. I also explained to the Settlement Class Member that the Authorization of Release of Medical Records in the Claim Form will be forwarded to the Claims Administrator so the Claims Administrator can verify the information provided.

Signed at _____
 this ____ day of _____, 200____ (Solicitor’s signature)

SOLICITOR INFORMATION		
Surname:	First Name:	Middle Name:
Firm Name:		
Solicitor’s Address	Street address or PO Box:	City:
Province/State:	Postal Code:	Country:

Attach List of Settlement Class Members as Attachment 1 hereto.

Attachment 1 to Solicitor's Certificate of Legal Advice: List of Settlement Class Members

Please type or print, or complete on-line at: www.canadianbreastimplantsettlement.com

BC Registration No:	Settlement Class Member's Surname:	First Name:	Middle Name:			
Street address or PO Box:					Date of Birth	
City:	Province/Territory/State:	Country:	Postal Code:	Day	Month	Year
BC Registration No:	Settlement Class Member's Surname:	First Name:	Middle Name:			
Street address or PO Box:					Date of Birth	
City:	Province/Territory/State:	Country:	Postal Code:	Day	Month	Year
BC Registration No:	Settlement Class Member's Surname:	First Name:	Middle Name:			
Street address or PO Box:					Date of Birth	
City:	Province/Territory/State:	Country:	Postal Code:	Day	Month	Year
BC Registration No:	Settlement Class Member's Surname:	First Name:	Middle Name:			
Street address or PO Box:					Date of Birth	
City:	Province/Territory/State:	Country:	Postal Code:	Day	Month	Year

IDENTIFICATION OF LEGAL SOLICITOR	
Solicitor's Surname:	Solicitor's First Name:
Firm Name:	