

**ATLAS COLD STORAGE INCOME TRUST ("ATLAS") CLASS ACTION
OPT-OUT FORM: PAGE 1 OF 2**

Did you purchase or acquire Atlas Income Trust Units ("Trust Units") in the period March 1, 2002 to August 29, 2003?

YES NO

If NO, you are *not* a class member and should *not* complete this Opt-Out Form.

Record in Box 1 the number of Trust Units purchased or acquired in the period March 1, 2002 to August 29, 2003. **Provide supporting documents.**

Box 1

Record in Box 2 the number of Trust Units sold or disposed of in the period March 1, 2002 to August 29, 2003, even if the Trust Units sold were purchased before March 1, 2002. **Provide supporting documents.**

Box 2

Calculate the number of "Eligible Trust Units" by subtracting the number in Box 2 from the number in Box 1, and enter the answer in Box 3.

Box 3

If the number of Eligible Trust Units in Box 3 is zero or less, you are *not* a class member and should *not* complete this Opt-Out Form.

Is the person who purchased or acquired the Eligible Trust Units an "Excluded Person"?

YES NO

"Excluded Person" means: Atlas Cold Storage Holdings Inc. and Eimskip Atlas Canada, Inc., and any entities in which they have a legal interest, and their directors, officers, subsidiaries and affiliates; Ernst & Young LLP, Patrick Gouveia, Susan Elizabeth Peters, as Executrix of Estate of Andrew W. Peters, deceased, Ronald Perryman, Joseph Wiley, Robert W. Martin, Albrecht W.A. Bellstedt, J. Nicholas Ross, Michael H. Wilson, and any entities in which any of them has a legal interest; HF-Eimskipafelag Island and Avion Group, and their directors, officers, subsidiaries and affiliates; and, the legal representatives, trustees, heirs, predecessors, successors and assigns of any one of these persons or entities.

If YES, you are *not* a class member and should *not* complete this Opt-Out Form.

Were the Trust Units purchased in the period March 1, 2002 to August 20, 2003 held in a Mutual Fund?

YES NO

If YES, the Mutual Fund is the Class Member, not you and you should *not* complete this Opt-Out Form.

Complete this Opt-Out Form only if you wish to be excluded from participating in the Atlas Class Action. Do not complete this Opt-Out Form if you wish to claim compensation from the \$40,000,000 Settlement. The completed and signed Opt-Out Form and required supporting documents must be received by prepaid mail, courier or fax, on or before September 30, 2008 5:00 pm Toronto time, by the Administrator, Atlas Class Action Settlement, Deloitte & Touche LLP, Suite 1400, 181 Bay Street, Toronto, Ontario M5J 2V1 (Fax: 866.808.1384).

You can download a copy of this Opt-Out Form online at www.atlasclassaction.com.

Current legal name of the person who purchased or acquired the Eligible Trust Units:

Current address and information for the person who purchased or acquired the Eligible Trust Units:

Address			
City or Town	Province or State	Postal or Zip Code	Country
Phone Number	Fax Number	Mobile Number	
Email Address @			

**ATLAS CLASS ACTION
OPT-OUT FORM: PAGE 2 OF 2**

Certification:
 By signing below:
 I certify that I do not wish to participate in the Atlas Class Action. I understand that by opting out, I will not receive any part of the \$40,000,000 Settlement.
 I certify that I am the person who is opting out or that I have the authority to complete this Opt-Out Form on behalf of the person opting out.
 I certify that complete details of all purchases, acquisitions, sales or dispositions of Trust Units in the period, March 1, 2002 to August 29, 2003, have been disclosed in this Opt-Out Form.
 I acknowledge and agree that the Administrator may disclose all information relating to this opt-out to the Ontario Superior Court of Justice and the lawyers for the parties in the Atlas Class Action.
 I certify that the information provided and the representations made in this Opt-Out Form are true and correct to the best of my knowledge, information and belief.

Signature of the person completing this Opt-Out Form:	Date Signed		
	Year	Month	Day

Print the full name of the person who signed above:

First Name	Middle Name	Last Name
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Current address and information of the person who signed above (if different from current address and information for the person who purchased or acquired the Eligible Trust Units as recorded on the previous page):

Address

City or Town	Province or State	Postal or Zip Code	Country
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Phone Number	Fax Number	Mobile Number
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Email Address _____ @ _____

Explain the relationship between the person opting out and the person who signed this Opt-Out Form.

Person Opting-Out
 Signing Officer
 Partner
 Trustee
 Successor
 Agent
 Lawyer
 Other: Please specify _____

If the person who signed this Opt-Out Form is not the person opting out, provide the documents evidencing the authority to sign on behalf of the person opting out.

In the space below, list all supporting documents provided with this Opt-Out Form.

NOTE: Keep a copy of this completed Opt-Out Form and all supporting documents for your records.