

Schedule "D"

LA PLACE 0-5 DATA BREACH CLASS ACTION
CLAIM FORM

The present Claim Form must be completed and received by the Claims Administrator no later than August 14, 2024.

1 - Personal Information (required)

- Your full name:

- Your current address (for the purpose of receiving payment by mail):

- Your telephone number:

- Your email address:

2 - Nature and amount of the claim

The total amount of my claim is: CAD \$ __ , ___ . __

Only Substantiated costs, losses and/or unreimbursed expenses made from May 8, 2021 to February 1, 2024 related to the services included in the categories listed below may be claimed, provided that it can be established they were caused by the Data Breach and/or incurred as a result of the Data Breach or the receipt of the La Place 0-5 Notice(s), as will be adjudicated by the Claims Administrator pursuant to the terms of the Settlement Agreement.

Mark the services for which you have incurred costs and for which you have provided supporting documentation that establishes such costs were incurred as a result of the La Place 0-5 Data Breach or the receipt of the La Place 0-5 Notice(s), as detailed in the next section and attached to this Claim Form.

Credit monitoring services Identity theft protection

Insurance Credit reports

Activation of a freeze or alert, or the correction of an error on a credit report or credit score

Unauthorized, unreimbursed charges on your credit or debit card or account.

Costs to hire someone to help correct your credit.

4 - SETTLEMENT CLASS MEMBER DECLARATION

I, the undersigned, _____, solemnly declare that the
(name)
information provided in this Claim Form and the supporting documents attached hereto
are true and accurate.

AND I HAVE SIGNED

(signature)

at _____
(city)

on _____
(date)