

Claim Form

The Personal Insurance Company Privacy Class Action

Claimants may communicate with the Claims Administrator and obtain forms in either English or French.

If you require assistance to complete the Claim Form, you may contact the Claims Administrator, free of charge, at personalprivacy@classaction2.com or review the Settlement at <http://personalprivacyclassaction.ca>.

When completing the Claim Form, Claimants should:

- Read all questions carefully before answering
- Write clearly and legibly
- Provide as much detail as possible
- Answer all the sections of the Claim Form that are applicable
- If a section or a question is not applicable or cannot be recalled, then “Not Applicable,” or “N/A” or “Don’t Know” are suitable responses

All Class Members who remain customers of The Personal will be automatically included in the distribution of the Settlement Fund and need not submit a Claim Form, unless they prefer to receive their portion of the Settlement Fund by direct deposit, rather than a cheque.

Class Members who are no longer customers of The Personal and who wish to participate in the Settlement are invited to visit <http://personalprivacyclassaction.ca> to either submit an Online Claim Form or complete and submit a Claim Form (PDF) via email to personalprivacy@classaction2.com or via postal mail to the address below. **All Claim Forms must be emailed or postmarked no later than February 7, 2020 at 11:59 pm EST.**

The Personal Privacy Class Action
Claims Administrator
c/o CA2 Inc.
9 Prince Arthur Avenue
Toronto, ON M5R 1B2

Class Member eligibility shall be determined using the Class Member List provided by the Defendants.

Privacy Statement

Personal information regarding Claimants is collected, used, and retained by the Claims Administrator pursuant to section 7(3)(c) of the Personal Information Protection and Electronic Documents Act, SC 2000, c 5:

- For the purpose of administering The Personal Insurance Company Privacy Class Action;
- To evaluate the Claimant’s eligibility under the Settlement; and
- Is strictly private and confidential and will not be disclosed without the express written consent of the Claimant except as provided for in the Settlement.

If you do not submit a Claim Form electronically or postmarked by the Claim Deadline, then you will not be able to receive a portion of the Settlement Fund. Class Members who remain customers of The Personal do not have to submit a Claim Form.

Section A: Claimant Identification

Please tick the appropriate box below.

I am making a claim as a:

Class Member

Representative of a Class Member
(i.e., a person who is the legal representative of a Class Member who is deceased or under a legal disability)

Section B: Class Member Information

1. Class Member

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Former Last Name
(e.g., maiden name)

Current Mailing Address

Street Address

City/Municipality	Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home/Day Phone	Cellular Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

The Personal Automobile Insurance Policy Number	Date of Accident Benefit Claim
<input type="text"/>	<input type="text"/>

Mailing Address while insured with The Personal (if different than above)

Street Address

City/Municipality	Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Class Members who are deceased

If the Class Member is deceased, insert the date of death and provide a copy of the Class Member's Death Certificate.

A. Is the Death Certificate attached?

Yes

No

Date of Death (MM/DD/YYYY)

Section C: Representative of Class Member (if applicable)

This section only needs to be completed if you are submitting a claim as the representative of a Class Member. You must provide proof of your authority to act as the representative.

1. Representative Information

Representative's First Name

Middle Initial

Last Name

Mailing Address

City/Municipality

Province/Territory

Postal Code

Email Address

Home/Day Phone

Cellular Number

Relationship to Class Member

2. Proof of Authority to Act on behalf of Class Member

Please tick the appropriate box below.

A. I am applying on behalf of a Class Member who is:

A person under a legal disability

(please attach your authority to act such as a Power of Attorney, Certificate of Incapacity, etc.)

Deceased

(please provide a copy of your authority of act such as a copy of the Will, Letters of Administration, Grant of Probate, etc.)

Section D: Payment Options

If you prefer to receive your portion of the Settlement funds by electronic transfer then provide the following information:

Deposit Account Number

Branch Transit Number Institution Number

Financial Institution Name

Branch Mailing Address

If you prefer to receive your portion of the Settlement funds by cheque then indicate Yes (the payment will be mailed to the mailing address listed in Section B of your Claim Form).

Yes, please send my payment by cheque

Section E: Claimant Declaration

I declare under penalty of perjury that all of the information provided in this Claim Form is true and correct.

Signature

Print Name

Date