

Canadian Credit Card Class Actions Settlement

www.CreditCardSettlements.ca

SIMPLIFIED CLAIM FORM (Medium and Large Merchants)

Your completed claim form must be submitted **no later than 11:59 pm EST on September 30, 2022**. Late claim submissions will not be accepted or valid.

There are **four (4)** ways to submit a claim form:

1. ONLINE	Visit the dedicated website at www.CreditCardSettlements.ca and submit your claim form online . It's fast, easy and secure.
2. MAIL	Mail your completed printed claim form to: Canadian Credit Card Class Actions Settlement Claims Administrator P.O. Box 507 STN B Ottawa ON K1P 5P6 Mailed claim submissions must be postmarked no later than September 30, 2022 .
3. EMAIL	Email your completed claim form to info@CreditCardSettlements.ca .
4. FAX	Fax your completed claim form to 1-866-262-0816.

Toll-Free Tel: 1-877-283-6548

Canadian Credit Card Class Actions Settlement

PLEASE READ THE SIMPLIFIED CLAIM FORM INSTRUCTIONS BELOW CAREFULLY

You can make a claim if you are a Settlement Class Member. A Settlement Class Member is any person or entity resident or operating in Canada who accepted Visa or Mastercard credit cards as payment for the supply of goods or services in Canada **from March 23, 2001 to September 2, 2021**.

There are three (3) types of claims:

- 1) Undocumented;
- 2) Simplified; **OR**
- 3) Documented.

The type of claim you can make depends on whether you are a Small, Medium or Large Merchant:

TYPE OF MERCHANT	ANNUAL AVERAGE REVENUE OVER THE CLASS PERIOD (CAD)	CLAIM OPTIONS	PER YEAR CLAIM AMOUNT (CAD)
Small Merchant	Less than \$5 million	Undocumented	\$30
Medium Merchant	Between \$5 million and \$20 million	Simplified	\$250
Large Merchant	More than \$20 million	Simplified	\$250
		Documented	Proportional share of Large Merchant fund (to be determined once all claims are submitted)

This Claim Form is for a Simplified claim only.

If you opted out of this class action prior to December 5, 2021, you are **not** eligible to make a claim.

Class members **must** submit a claim to the Claims Administrator **no later than 11:59 pm EST on September 30, 2022**.

IMPORTANT: Only Settlement Class Members who are **Medium or Large Merchants** may submit a Simplified claim. This type of claim can be made without providing any documentary proof that you paid Merchant Discount Fees. If you are a Small Merchant, you must complete an Undocumented claim form. If you are a Large Merchant, you may complete a Simplified claim form or Documented claim form.

SECTION A: CLAIMANT NAME AND CURRENT CONTACT INFORMATION

The claimant is the person making the claim on behalf of the Settlement Class Member.

The Claims Administrator will use the information that you provide to process your claim. If this information changes, you **MUST** notify the Claims Administrator.

Fields marked with an * are mandatory.

First Name*		Last Name*	
Mailing Address* (Street, P.O. Box, as applicable)			
City*	Province*		Postal Code*
Telephone Number* (with area code)		Email Address (if provided, we will communicate primarily by email about your claim)	

SECTION B: MERCHANT (COMPANY) INFORMATION

The merchant is the Settlement Class Member on whose behalf the claim is being made.

Merchant (Company) Name*		
Mailing Address* (Street, P.O. Box, as applicable)		
City*	Province*	Postal Code*

SECTION C: CONFIRMATION OF PAYMENT METHOD

Payments will be made by electronic fund transfer **OR** cheque.

*You **must** select one (1) of the payment options below in the event that this claim is approved.

Receive compensation **by Electronic Funds Transfer (direct deposit)**

(Please note that you will need to provide your direct deposit information by completing the table below. Direct deposit information can typically be located on your online banking platform or on a blank cheque.)

Account Holder Name*	Account Number*
Financial Institution Number (3 digits)*	Branch Transit Number* (5 digits)
Bank Swift Code*	Bank Address*

Please also provide a void cheque.

Note that we can only issue EFT payments to accounts that are in Canada. If you provided the EFT payment details for an account that is outside Canada a payment will be sent by cheque.

OR

Receive compensation **by cheque.**

(Please note if you choose to receive payment by cheque, a \$2 fee will be deducted from your payment to reflect the cost of issuing a cheque. If at any time the mailing address changes or needs to be updated, please contact the Claims Administrator immediately to update).

Note that we can issue cheques to US accounts as long as the accounts are setup to accept funds issued in Canadian dollars.

REQUIRED DOCUMENTATION

- Medium merchants **MUST** provide proof that they had at least one (1) agreement with an acquirer (also known as a payment processor) since March 23, 2001 for each year that you accepted Visa or Mastercard credit cards.
- Large merchants **MUST** provide proof that they had at least one (1) agreement with an acquirer (also known as a payment processor) since March 23, 2001 for each year that you accepted Visa or Mastercard credit cards.

SECTION D: DECLARATION FOR A SIMPLIFIED CLAIM

By completing and submitting this claim form, I declare or affirm, under penalty of law, that I, or the Class Member for which I am submitting this claim:

*Is a Medium Merchant **OR** a Large Merchant;

*Who collected an Annual Average Revenue of **more than \$5 million between March 23, 2001 and September 2, 2021** for the following years (you **must** check off all the years that apply);

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2001 | | | | |
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2014 | <input type="checkbox"/> 2018 |
| <input type="checkbox"/> 2003 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2011 | <input type="checkbox"/> 2015 | <input type="checkbox"/> 2019 |
| <input type="checkbox"/> 2004 | <input type="checkbox"/> 2008 | <input type="checkbox"/> 2012 | <input type="checkbox"/> 2016 | <input type="checkbox"/> 2020 |
| <input type="checkbox"/> 2005 | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2013 | <input type="checkbox"/> 2017 | <input type="checkbox"/> 2021 |

*I confirm that the Settlement Class Member or any related entity

HAS RECEIVED **OR**

HAS NOT RECEIVED compensation through other proceedings or private out-of-class settlements and/or provided a release in relation to Merchant Discount Fees and/or Interchange Fees paid for accepting Visa Credit Cards and/or Mastercard Credit Cards in Canada;

If the Settlement Class Member has received compensation as outlined above, the total is:
\$ _____ CAD

*The Claims Administrator may contact me (as Class Member or representative), for more information and/or to review the claim form. **If you do not check this box, the Claims Administrator may not be able to process your claim for compensation; AND**

*The information in this claim form is true and correct to the best of my knowledge.

*Executed on _____, in _____, _____
Date (Month Day, Year) City Province

*Printed Name

*Signature

In order to participate in the Settlement, a Settlement Class Member **must** submit a claim submission to the Claims Administrator **no later than 11:59 pm EST on September 30, 2022.**

IMPORTANT: If the Claim Form is submitted **by a related entity** (i.e., a parent company claiming on behalf of a subsidiary or affiliate) **or a third-party** on behalf of a Settlement Class Member (i.e., a third-party claims service or a lawyer of their own choosing), you **must** also provide a signed authorization from the Settlement Class Member at the time the claim form is submitted.

SECTION E: AUTHORIZATION FOR RELATED ENTITY (SCHEDULE "A")

IMPORTANT: This section (Schedule "A") is to be completed **only** if the claim is being submitted by a parent company on behalf of a subsidiary or affiliate. **This section must be completed by an individual with authority to bind the Settlement Class Member.**

Contact information for person completing this authorization:

Full Name*	
Title/Position*	
Complete Address*	
Email*	
Telephone Number*	

I _____ [name of individual] am authorized to submit a claim in the Canadian Credit Card Class Actions Settlement distribution on behalf of _____ [name of Settlement Class Member (Merchant)].

*I have the authority to bind the Settlement Class Member.

*I understand that all communications relating to the claim will be directed towards my representative and that any resulting payment will be issued to my representative.

*Executed on _____, in _____, _____
Date (Month Day, Year) City Province

*Printed Name

*Signature

SECTION F: AUTHORIZATION FOR THIRD-PARTY (SCHEDULE "B")

IMPORTANT: This section (Schedule "B") is to be completed **only** if the claim is being submitted on behalf of a Settlement Class Member by a representative (including a third-party claims service or lawyer of their own choosing). **This section must be completed by an individual with authority to bind the Settlement Class Member.**

Contact information for person completing this authorization:

Full Name*	
Title/Position*	
Complete Address*	
Email*	
Telephone Number*	

I _____ [name of individual] am authorized to submit a claim in the Canadian Credit Card Class Actions Settlement distribution on behalf of _____ [name of Settlement Class Member].

*I understand that the claims' filing process was designed to enable Settlement Class Members to submit claims without the assistance of an agent and that the Settlement Class Member can

contact the Claims Administrator at no charge to ask questions about the claims filing process.

*I have reviewed the information to be submitted by my representative as part of the claim form.

*I can attest based on personal knowledge that the information to be submitted by the representative on behalf of the Settlement Class Member accurately reflects the business records of the Settlement Class Member.

*I understand that all communications relating to the claim will be directed towards my representative and that any resulting payment will be issued to my representative.

I have the authority to bind the Settlement Class Member.

*Executed on _____, in _____, _____
Date (Month Day, Year) City Province

*Printed Name

*Signature