

Trinity Class Action Settlement

Donation Program for Medical Science and Technology

www.trinityclassaction.com

CLAIM FORM

Your duly completed Claim Form must be submitted **no later than December 31, 2019 at 5 p.m. EST**. 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.trinityclassaction.com and submit your Claim Form online
2. MAIL	Mail your duly completed printed Claim Form to: <i>Trinity Class Action Settlement Administrator Nelson P.O. Box 20187 – 322 Rideau Street Ottawa ON K1N 5Y5</i> Mailed claim submissions must be postmarked no later than December 31, 2019 at 5 p.m. EST .
3. EMAIL	Email your duly completed Claim Form to info@trinityclassaction.com
4. FAX	Fax your duly completed Claim Form to 1-866-262-0816

Toll-Free Tel: 1-833-414-8042

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PLEASE READ THE CLAIM FORM INSTRUCTIONS BELOW CAREFULLY

Eligible class members are all persons, other than Excluded Persons, who participated in the Donation Program for Medical Science and Technology (the “Program”) in at least one (1) of the taxation years of **2001, 2002 or 2003**.

If you opted out of this class action **prior to October 1, 2013**, you are **not** eligible to participate in the settlement.

In order to participate in the Settlement, a Class Member **must** submit a claim submission to the Administrator **no later than December 31, 2019 at 5 p.m. EST**.

Please see below the list of the documentation required in order to participate in the Settlement:

- (a) a copy of government issued photo identification;
- (b) a completed Claim Form;
- (c) the First Notice of Reassessment;
- (d) any Subsequent Notices of Reassessment, if applicable;
- (e) the Confirmation Notice from Canada Revenue Agency (“CRA”), if applicable; **and**
- (f) documents to establish that the Class Member participated in the Program and was reassessed by CRA, including the tax receipt issued by the Foundation, or the reporting letter issued by the Foundation, or a copy of a cheque that accompanied the completed pledge form, or a letter from CRA describing the particulars of the Donation, sufficient for the Administrator to determine:
 - i. the value of the Donation;
 - ii. the value of the Class Member’s cash contribution to the Donation; **and**
 - iii. the Class Member’s actual payment of the cash contribution.

If you do not currently have copies of documents issued by the CRA, you may have success contacting the CRA or your financial advisors to obtain these documents, or signing up for an online account with the CRA.

Important: You must submit **one (1) claim per donation**. If you made multiple donations, you must complete this Claim Form for each donation.

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CLAIM FORM

SECTION A: CLAIMANT NAME AND CURRENT CONTACT INFORMATION

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

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>		<input type="text"/>
Email		Telephone

I am the donor (check if this is applicable to you).

SECTION B: DONOR NAME AND CONTACT INFORMATION AT THE TIME OF THE DONATION

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>		<input type="text"/>
Email		Telephone

SECTION C: AUTHORITY TO CLAIM ON BEHALF OF THE DONOR

Complete this section if you are **NOT** the Donor.

<p>Please indicate your relationship to the Donor</p> <p><input type="checkbox"/> Estate Trustee/Executor</p> <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>	<p>I have enclosed the following documentation as proof of my authority to submit this claim on behalf of the Donor</p> <p><input type="checkbox"/> Last Will of the Donor</p> <p><input type="checkbox"/> Appointment of Estate Trustee</p> <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Other: _____</p>
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SECTION D: DONATION INFORMATION

Check the box below that applies to the year of the donation for which you are claiming.
Important: You must submit **one (1) claim per donation**.

2001 2002 2003

I have multiple donations to claim for. This Claim Form is only for one (1) of my multiple donations.

SECTION E: DAMAGES INFORMATION

Damages mean the Class Member's cash portion of their Donation(s) that was **not** recognized by the CRA as a valid donation, plus arrears interest as particularized in the First Notice of Reassessment for each Donation, less any arrears interest allowed pursuant to the Subsequent Notice of Reassessment(s), if any.

Cash portion of the claimed Donation \$ _____

Cash portion of the claimed Donation that was **not** recognized by the CRA as a valid donation \$ _____

Arrears interest as particularized in the First Notice of Reassessment \$ _____

Arrears interest allowed pursuant to the Subsequent Notices of Reassessment \$ _____

SECTION F: DOCUMENTS ATTACHED IN SUPPORT OF MY CLAIM

REQUIRED DOCUMENTATION: Each claimed Donation will be treated as deficient if all required documentation for that Donation is not submitted.

Check the boxes below to confirm which documentation you are submitting with your claim.

Government issued photo ID - only submit one (1) copy

First Notice of Reassessment

Subsequent Notice(s) of Reassessment

Confirmation Notice from CRA (required if **not** currently under reassessment)

Still under reassessment

If you do not currently have copies of documents issued by the CRA, you may have success contacting the CRA or your financial advisors to obtain these documents, or signing up for an online account with the CRA.

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CLAIM FORM

SECTION F: DOCUMENTS ATTACHED IN SUPPORT OF MY CLAIM (Continued)

ADDITIONAL DOCUMENTATION – the following documentation will expedite the processing of your claim and should be submitted if available.

Check the boxes below to confirm which documentation you are submitting with your claim.

- | | |
|---|--------------------------|
| Donation Pledge | <input type="checkbox"/> |
| Tax receipt issued by the Foundation | <input type="checkbox"/> |
| Reporting letter issued by the Foundation | <input type="checkbox"/> |
| Copy of a cheque that accompanied the completed pledge form | <input type="checkbox"/> |
| Letter from CRA describing particulars of the Donation | <input type="checkbox"/> |
| Other (please explain): _____ | <input type="checkbox"/> |

If you do not currently have copies of documents issued by the CRA, you may have success contacting the CRA or your financial advisors to obtain these documents, or signing up for an online account with the CRA.

SECTION G: SOLEMN DECLARATION

I solemnly declare under penalty of perjury and disqualification to receive payment from the Compensation Fund, under the laws of the Province of Ontario, that all of the foregoing information, documentation, calculations and identity supplied by the undersigned is true, accurate and correct.

By signing below and submitting this Claim Form, I hereby solemnly affirm that:

- I participated in the Donation Program for Medical Science and Technology (the “Program”) in at least one (1) of the taxation years of **2001, 2002 or 2003**.
- I am not an Excluded Person.
- I did not opt out of this class action **prior to October 1, 2013**.
- The cash portion of my Donation was **not** recognized by the CRA as a valid donation, plus arrears interest as particularized in the First Notice of Reassessment for each Donation, less any arrears interest allowed pursuant to the Subsequent Notice of Reassessment(s), if any.

Executed on _____, in _____, _____
Date City Province

Claimant Signature

Witness Signature