

4. Mailing Address (if different from above)

Mailing Address Continued

City

Province

Postal Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

5. Area Code

Telephone Number

6. Area Code

Alternate Telephone Number

7. Email Address

MM / DD / YYYY

8. Date of Birth

9. If any of this information is different than what Desjardins or the affiliate organization would have on record, please list:

PART 2-INFORMATION REGARDING CLAIM

10. When did you work for Desjardins or an affiliate organization?



PART 3-LEGAL

11. Indemnity

By signing this form, you acknowledge that, if you receive a payment under this settlement, you will be responsible for any taxes, EI premiums or CPP premium that might apply to that payment to the extent those amounts have not been remitted by the Class Administrator. Desjardins and Monkhouse Law Employment Lawyers will not be withholding or remitting any portion of the settlement funds that you may receive to the Canada Revenue Agency (“CRA”) on your behalf. The Class Administrator will withhold the applicable statutory deductions. You agree to indemnify and hold harmless, and release any claims you may have against, the Class Administrator, the Defendants and each of their past and present parents, subsidiaries, affiliates, partners, insurers, and all other persons, partnerships, or corporations with whom any of the foregoing have been, or are now, affiliated, and each of their respective past and present officers, directors, employees, agents, stockholders, attorneys, servants, representatives, and insurers, and the predecessors, successors, heirs, executors, administrators and assigns of any of the foregoing and Monkhouse Law Employment Lawyers in respect of any claims, taxes, charges, penalties, or obligations that may be applied by the CRA, or any other statutory authority, in connection with any payment you may receive under this settlement.

12. Privacy Statement and Consent

The Class Administrator, Desjardins and Monkhouse Law will collect, use and/or disclose this form and any enclosures, data, information, reports, or other documents of any nature which are disclosed, revealed, or transmitted to them with this form for the purpose of executing the terms of the Settlement Agreement. The collection, use and disclosure of any personal information received by the Class Administrator, Desjardins and Monkhouse Law is subject to applicable laws, including the *Personal Information and Protection and Electronic Documents Act*, S.C. 2000, C. 5.

In submitting this form, you consent to the collection, use and disclosure of the information contained herein for the purpose of executing the terms of the Settlement Agreement, including the claims process.



PART 4-DECLARATION AND SIGNATURE

13. I DECLARE THAT:

- a) This application form was completed by me, a legal representative authorized to submit this form on my behalf, or the legal representative of a deceased person.
- b) The information provided in this form is true, based on my personal records, experience, and recollection. If the information described above is inaccurate, false, or misleading, I may be required to repay the compensation that I receive.
- c) I have read and agree to the Indemnity provision set out in paragraph 11 above.
- d) I have read and agree to the Privacy Statement and Consent provision set out at paragraph 12 above.
- e) I enclose the following documents (check all that apply):

- ☐ Government-Issued ID
- ☐ Blank Cheque or Banking Information for Direct Deposit
- ☐ Documents proving the positions I held with the Defendants and the negative vacation bank deducted

Applicant's Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

PART 5-WHERE TO SEND YOUR CLAIM FORM

Please mail your completed form and any attached documents (if applicable) to the following address:

Desjardins Negative Vacation Bank Class Action
c/o Verita Global
P.O. Box 3355
London, ON N6A 4K3

If you do not provide your Blank Cheque or Banking Information for Direct Deposit, the funds from the settlement will be sent by cheque to the address you listed on your Claim Form.

