FMC Hydrogen Peroxide Canadian Settlement c/o RicePoint Administration Inc. P.O. Box 4454, Toronto Station A 25 The Esplanade Toronto, ON M5W 4B1

FMQ

«Barcode»

Postal Service: Please do not mark barcode

Claim#: FMQ-«Claim8»-«CkDig» «FirstNAME» «LastNAME» «Addr1» «Addr2» «City», «St» «Zip» «Country» Irving Pulp et al v FMC et al
ONTARIO SUPERIOR
COURT OF JUSTICE

Must Be Postmarked No Later Than September 3, 2019

Claim Form

— CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)										
Primary Address										
Primary Address Continued										
City										
Province	Postal Code									

HYDROGEN PEROXIDE CLASS ACTION SETTLEMENT CLAIM FORM

You should carefully read the instructions and complete this Claim Form if you purchased hydrogen peroxide directly from a distributor or manufacturer of hydrogen peroxide in Canada between November 1, 1998 and December 31, 2003.

All completed Claim Forms must be submitted to the Claims Administrator postmarked on or before September 3, 2019, at the following address:

FMC Hydrogen Peroxide Canadian Settlement c/o RicePoint Administration Inc. P.O. Box 4454, Toronto Station A 25 The Esplanade Toronto, ON M5W 4B1



FOR CLAIMS PROCESSING ONLY		СВ	DOC LC REV	RED A B
----------------------------------	--	----	------------------	---------

Instructions:

Please complete all applicable sections below. Please type or print in black or blue ink. Do not use red ink or pencil. For the purposes of this Claim Form, the following definitions apply:

- Defendants means FMC Corporation and FMC of Canada, Ltd. ("FMC"); Solvay Chemicals Inc. and Solvay S.A. ("Solvay"); Evonik Degussa Corporation formerly Degussa Corporation, Evonik Degussa formerly Degussa A.G. and Evonik Degussa Canada Inc. ("Degussa"); Eka Chemicals, Inc., Eka Chemicals Canada Inc., with AkzoNobel Chemicals International B.V. ("Akzo"); Kemira OYJ and Kemira Chemicals Canada Inc. ("Kemira"); and Atofina Chemicals Inc., Arkema Inc., Arkema Canada Inc, and Arkema S.A ("Arkema").
- *Hydrogen Peroxide* means: a clear colourless inorganic liquid used primarily as a bleach or oxidizer. Hydrogen Peroxide is sold in aqueous solutions, typically 35%, 50% or 70% by weight, in different grades or formulations specifically tailored for enhanced performance in a particular application of the product.
- *New Claimant* means Class Members who were not issued payments under the previous distribution, but are eligible for payments under this distribution.
- Previous Claimant means Class Members who were issued payments under the previous distribution.
- Class Member means all persons in Canada (excluding the Defendants and their subsidiaries, affiliates and predecessors) who purchased hydrogen peroxide directly from the Defendants or through a distributor of hydrogen peroxide in Canada, between November 1, 1998 and December 31, 2003.

Please contact the Claims Administrator if you have questions regarding the Claims Form. You can also contact the Claims Administrator to receive further information about the settlements and the calculation of settlement benefits. The Claims Administrator is available by telephone, free of charge, at **1-866-413-5890**. More information about the settlements and the distribution of the settlements can also be found at www.hydrogenperoxideclassaction.ca.

The Claims Administrator might contact you for additional information. Please keep copies of all relevant records.

distributor means a person or entity in Canada who purchased Hydrogen Peroxide from a Defendant and resold the Hydrogen Peroxide without further processing or including it in any other product



PART I: CLAIMANT INFORMATION

Settlement Class Member Contact Information Claim ID number (Located on the cover letter received with your claim form. If you did not receive a cover letter, mark as not applicable.) Company Name Company Province of Incorporation Address 1 Address 2 City Postal Code Prov Area Code Telephone Number (Daytime) Telephone Number (Evening) Area Code Company Contact Name Company Contact Title Email Address Company Principal Place of Business (if different from above): Address 1 Address 2 City Postal Code Prov Telephone Number (Daytime) Telephone Number (Evening)



Area Code

Area Code

Oth	er]	Bus	ines	s or	Tra	ade	Naı	nes	(\bigcirc N	ot A	App]	lical	ole															
add	ress	oth	ier t	han		nar	ne a	nd a	add						•														t an ease
Bus	ines	SS O	r Tra	ade	Nan	ne(s)																						
Loc	atio	n(s))																					1					
 Yea	r(s)																												
Pur	cha	ses	by	Sub	sidi	arie	es		(O N	ot A	App]	lical	ole															
the	nan	ies a	and	addı	resse	es of	f suc	ch ei	ntiti	•	nd a	ttac	h pr	oof	of o	wne	ersh	ip. I	Plea	se a	ffix	add	itio	nal	pag	es i	fne		ntify ary.
Lar Nar	ne c	f Su	ıbsio	liar	y																								
Ado	lres	s 1					1													<u> </u>				1				<u> </u>	
Ado	lres	s 2																											
City	7]	Pro	V	_	Pos	tal (Cod	e		
]_]_]_]_							
Are	a C	ode		Tel	epho	one	Nur	nbei	r (D	ayti	me)				Are	a C	ode		Tele	epho	ne]	Nun	nbe	r (Ev	veni	ng)			
Cor	npa	ny (Cont	act	Nan	ne	1			1	1	1		1		1		1	1				1	1					
Cor	npa	ny (Cont	act	Title	2	1			'		1		1					1				1				1		
Em	ail A	dd	ress	'	1	,	1	'	'	1		1	'	'			'	'	1	'		'			1		1	'	

O I verify that I have consent to file on behalf of these entities and that no further claims will be filed in respect of the same purchases of Hydrogen Peroxide.



Claim	is filed	by a	repi	rese	ntat	ive	on	ben	alf (of th	ie S	etti	eme	nt (Jas	S IVI	emi	oer) No	ot Aj	pplic	cabi	e	
This s	ection	s to l	e co	omp!	lete	1 <u>on</u>	ly i	f the	e Cla	aim	is b	eing	g sul	omit	ted	by a	a thi	rd-p	arty	on	beh	alf	of a	Sett	lem	ent	
Class	Membe	er (inc	cludi	ing a	a pa	rent	con	npa	ny c	lain	ning	on	beh	alf c	of a	subs	sidia	ary (or af	filia	ite).						
Third-	Party (Comp	any	Nan	ne																						
									Τ			T										Τ					
Addre	ec 1																										
Addic	33 1		1	1	1		1	1		1		1	1	I		1	1				1						
Addre	ess 2																	,			,						
City																			Pro	V		Pos	tal (Code	•		
		_]_											_				_							
Area Code Telephone Number (Daytime) Area Code Telephone Number (Evening)																											
Comp	any Co	ntact	Nar	ne													<u> </u>										
1																											
Comp	any Co	ntoot	T;+1.																								
Comp		пасі	1111	-				1								1	1				1						
Email	Addres	SS																									
The S	ettleme	nt Cl	ass l	Men	ıber	mu	st c	omp	olete	the	cor	isen	t att	ach	ed a	s Sc	hed	ule	"A"	to 1	his	claii	m fo	rm.			
PART	[II: P	URC	HA	SE]	INF	OR	RMA	ATI	ON																		
	(A) T	ypes	of P	urc	hase	es																					
Please	indica	te wh	ethe	r yo	u ar	e a l	Dire	ct P	urcl	nase	er, a	Dis	tribu	ıtor	or a	Fab	rica	tor.	Plea	ase 1	note	tha	t yoı	u ma	ıy fi	t wi	thin
	than on			•																			,		,		
\bigcirc	A "Di	rect I	Purcl	hase	r" n	near	ıs a 1	pers	son (or er	ntity	in (Cana	ada,	oth	er th	an a	Dis	strib	uto	r , wl	ho p	urch	asec	d Hy	dro	gen
	Perox						-	-			,											1					Ü
\bigcirc	A "D	strib	utor'	' me	ans	a p	ersc	n o	r en	tity	in C	Cana	ada v	who	pu	rcha	sed	Нус	drog	en l	Perc	oxide	e fro	m a	De	fend	dant
						-													_								
\bigcirc	A "Fa	and resold the Hydrogen Peroxide without further processing or including it in any other product. A "Fabricator" means a person or entity in Canada, who purchased Hydrogen Peroxide directly from a																									



use of Hydrogen Peroxide.

Distributor, and manufactured products that contain Hydrogen Peroxide the production of which involved the

(B) Proof of Purchase Options

Fill out the proof of purchase option on the following pages that applies to you. Do not fill the proof of purchase options that do not apply.

Proof of Purchase Options:

- (I) Previous Claimants
- (II) New Claimants who received a letter advising of their purchases from FMC during the Class period
- (III) New Claimants who did not receive a letter from the Claims Administrator advising of their Hydrogen Peroxide purchases

(I) <u>Previous Claimants</u>

Fill in the circle that applies:

I agree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	\bigcirc
I do not have any FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	\bigcirc
I disagree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	\bigcirc

If you agree with the FMC Hydrogen Peroxide purchases set out in the letter from the Claims Administrator, proceed to Part III "Release of Claims". If you do not have any FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator, proceed to Part III "Release of Claims". If you disagree with the FMC Hydrogen Peroxide purchases set out in the letter from the Claims Administrator, fill out the below chart to provide supplemental purchase information. You cannot supplement the Hydrogen Peroxide purchases set out in the letter with respect to purchases other than the FMC Hydrogen Peroxide purchases.

Extrapolation: If you have FMC purchase records for Hydrogen Peroxide during the period between November 1, 1998 and December 31, 2003, you may use such records to extrapolate purchases of Hydrogen Peroxide for the remainder of the period.

If your claim is audited you will be required to provide a sworn statement explaining the basis for and calculation of the extrapolation of purchases.

Fill out the proof of purchase option that applies to you. Do not fill the proof of purchase options that do not apply Please complete the below chart for the dollar value and currency of your aggregate purchases of Hydrogen Peroxide during the period from November 1, 1998 and December 31, 2003. The purchase price is less any taxes, delivery or shipping charges, rebates or other form of discounts.

Hydrogen Peroxide purchases from FMC during the period		○ CDN
from November 1, 1998 and December 31, 2003:	\$	OUSD
What percentage of these FMC Hydrogen Peroxide purchases		
did you keep for your own use or for inclusion in a product for		
commercial resale (Direct Purchases)?	%	
What percentage of these FMC Hydrogen Peroxide purchases		
did you resell without further processing and without including		
them in any product (Distributor purchases)?	%	



(II) New Claimants who received a letter advising of their purchases from FMC during the Class Period

Fill in the circle that applies:

I agree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator	
and have additional purchases to claim:	
I agree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator	
and have <u>no</u> additional purchases to claim:	
I disagree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	0

If you agree with the FMC Hydrogen Peroxide purchases set out in the letter from the Claims Administrator, proceed to Part III "Release of Claims". If you disagree with the FMC Hydrogen Peroxide purchases set out in the letter from the Claims Administrator and/or wish to claim for additional Hydrogen Peroxide purchases, fill out the below chart to provide supplemental purchase information.

Extrapolation: If you have purchase records for Hydrogen Peroxide during the period between November 1, 1998 and December 31, 2003, you may use such records to extrapolate purchases of Hydrogen Peroxide for the remainder of the period.

If your claim is audited you will be required to provide a sworn statement explaining the basis for and calculation of the extrapolation of purchases.

Please complete the below chart for the dollar value and currency of your aggregate purchases of Hydrogen Peroxide during the period from November 1, 1998 and December 31, 2003. The purchase price is less any taxes, delivery or shipping charges, rebates or other form of discounts.

Hydrogen Peroxide purchases from FMC during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
Hydrogen Peroxide purchases from Solvay during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
Hydrogen Peroxide purchases from Degussa during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
Hydrogen Peroxide purchases from Akzo during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
Hydrogen Peroxide purchases from Kemira during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
Hydrogen Peroxide purchases from Arkema during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
Hydrogen Peroxide purchases from a Distributor(s) during the period from November 1, 1998 and December 31, 2003:	\$	○ CDN ○ USD
What percentage of these FMC Hydrogen Peroxide purchases did you keep for your own use or for inclusion in a product for commercial resale (Direct Purchases)?	%	
What percentage of these FMC Hydrogen Peroxide purchases did you resell without further processing and without including them in any product (Distributor purchases)?	%	



(III) New Claimants who did not receive a letter from the Claims Administrator advising of their Hydrogen Peroxide purchases

Fill out the below chart setting out your Hydrogen Peroxide purchases.

Hydrogen Peroxide purchases from FMC during the period

from November 1, 1998 and December 31, 2003:

Extrapolation: If you have purchase records for Hydrogen Peroxide during the period between November 1, 1998 and December 31, 2003, you may use such records to extrapolate purchases of Hydrogen Peroxide for the remainder of the period.

If your claim is audited you will be required to provide a sworn statement explaining the basis for and calculation of the extrapolation of purchases.

Please complete the below chart for the dollar value and currency of your aggregate purchases of Hydrogen Peroxide during the period from November 1, 1998 and December 31, 2003. The purchase price is less any taxes, delivery or shipping charges, rebates or other form of discounts.

 \bigcirc CDN

 \bigcirc USD

Hydrogen Peroxide purchases from Solvay during the period from November 1, 1998 and December 31, 2003:	\$	O CDN O USD
Hydrogen Peroxide purchases from Degussa during the period from November 1, 1998 and December 31, 2003:	\$	O CDN O USD
Hydrogen Peroxide purchases from Akzo during the period from November 1, 1998 and December 31, 2003:	\$	O CDN O USD
Hydrogen Peroxide purchases from Kemira during the period from November 1, 1998 and December 31, 2003:	\$	O CDN O USD
Hydrogen Peroxide purchases from Arkema during the period from November 1, 1998 and December 31, 2003:	\$	O CDN O USD
Hydrogen Peroxide purchases from a Distributor(s) during the period from November 1, 1998 and December 31, 2003:	\$	O CDN O USD
What percentage of these Hydrogen Peroxide purchases did you keep for your own use or for inclusion in a product for commercial resale (Direct Purchases)?		
What percentage of these Hydrogen Peroxide purchases did you resell without further processing and without including them in any product (Distributor purchase)?		
PART III: RELEASE OF CLAIMS		
I verify that I have \(\times / \) have not \(\times \) received compensation throu out-of-class settlements and/or provided a release in respect of received compensation or released claims, please provide the d	f my purchases of Hydrogen Peroxide.	
Compensation: \$		
Details of Claims Released:		



PART IV: DECLARATIONS

By signing this Claim Form:

- I understand that by submitting this claim I am authorizing the Claims Administrator to contact me or my representative as the Claims Administrator deems appropriate for more information and/or to audit this Claim.
- I verify that all of the information in this Claim Form is true and correct, including but not limited to the information provided in Part III "Release of Claims" and that I am authorized to sign on behalf of the Claimant.

Executed this day of	in	
	(Month/Year)	(City/Province/Country)
Signature:		
Print Name:		
Position/Title:		

Privacy Statement

All information provided as part of this Claim Form is collected, used, and retained by the Claims Administrator, Class Counsel and their agents pursuant to the Personal Information Protection and Electronic Documents Act, SC 2000 c 5, for the purposes of administering the FMC Hydrogen Peroxide Canadian Price-Fixing Class Action Settlement, including evaluating your eligibility status under the settlement agreements reached with the Defendants and the distribution protocol approved by the Court. The information provided is strictly private and confidential and will not be disclosed without your express written consent, except in accordance with the settlement agreements, distribution protocol, and/or orders of the Court.

Reminder Checklist:

- Complete the relevant sections and sign the above declaration.
- Retain any proof of purchase documentation, if applicable.
- Keep a copy of your claim form and all supporting documentation for your records.
- If you move, please send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your settlement benefits not being paid to you.

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.



SCHEDULE "A"

CLAIMS FILED BY A REPRESENTATIVE ON BEHALF OF THE CLASS MEMBER

This Schedule is to be completed <u>only</u> if the Claim is being submitted by a third-party on behalf of a Class Member (including a parent company claiming on behalf of a subsidiary or affiliate).

I,		[name of claimant] authorize
		[name of representative]
to file a Claim Form in the Hydrogen	Peroxide Canadian Price-Fixing Class Act	tion on my behalf and to receive all
communication relevant to my claim	(including the cheque, if eligible for paym	nent).
DATED at	[name of city], in the Province	e/State of,
in the Country of	this day of	, 2019.
Individual Claimant:		
Signature:		
Witness Signature:		
Print Name:		
Corporate Claimant:		
Signature:		
Print Name:		
Position/Title:		
I/We have the authority to bind the co	orporation.	

