

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**

*Irving Pulp et al v FMC et al*

ONTARIO SUPERIOR  
COURT OF JUSTICE

«Barcode»

Postal Service: Please do not mark barcode

Claim#: FMQ-«Claim8»-«CkDig»

«FirstNAME» «LastNAME»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

**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	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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## **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. formerly 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<sup>1</sup> 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](http://www.hydrogenperoxideclassaction.ca).

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

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<sup>1</sup> 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









**(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) Previous Claimants**

Fill in the circle that applies:

I agree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	<input type="radio"/>
I do not have any FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	<input type="radio"/>
I disagree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	<input type="radio"/>

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 from November 1, 1998 and December 31, 2003:	\$_____	<input type="radio"/> CDN <input type="radio"/> 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)?	_____%	



**(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:	<input type="radio"/>
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:	<input type="radio"/>
I disagree with the FMC Hydrogen Peroxide purchases set out in the letter from the claims administrator:	<input type="radio"/>

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:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Solvay during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Degussa during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Akzo during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Kemira during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Arkema during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from a Distributor(s) during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> 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.

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:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Solvay during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Degussa during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Akzo during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Kemira during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from Arkema during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> USD
Hydrogen Peroxide purchases from a Distributor(s) during the period from November 1, 1998 and December 31, 2003:	\$ _____	<input type="radio"/> CDN <input type="radio"/> 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  / have not  received compensation through the U.S. Hydrogen Peroxide Litigation or private out-of-class settlements and/or provided a release in respect of my purchases of Hydrogen Peroxide. If you have received compensation or released claims, please provide the details here:

Compensation: \$ \_\_\_\_\_

Details of Claims Released:

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**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 only 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 Action on my behalf and to receive all communication relevant to my claim (including the cheque, if eligible for payment).

DATED at \_\_\_\_\_ [*name of city*], in the Province/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 corporation.

