

PREMARIN® & PREPLUS® SETTLEMENT**CLAIM FORM**

PRIVATE & CONFIDENTIAL

Please review the following required Membership Eligibility Criteria prior to proceeding with this application.

- The Claimant was not a resident of British Columbia as of August 25, 2014, or if they were a resident of British Columbia as of August 25, 2014, they did not take Premarin®/Premplus® until after December 2, 2003;
- If the Claimant was a resident of Canada outside of British Columbia as of August 25, 2014, they did not *opt in* to the *Stanway* Proceedings;
- The Claimant was prescribed Premarin®/Premplus® in Canada; and
- The Claimant was subsequently diagnosed with breast cancer.

Please check this box to indicate that the above statements apply to the Claimant.

Please read these instructions carefully:

1. Claimants may make a Claim by delivering a completed Claim Form with all supporting documentation to the Claims Administrator prior to the Claims Deadline of **January 20, 2025**.
2. If a Class Member does not deliver a Claim Form prior to the Claims Deadline, the Claimant shall not be entitled to any compensation.
3. Mailed or couriered Claim Forms received after the Claims Deadline but postmarked or deposited with the courier on or before the Claims Deadline will be deemed received on the post marked or the date deposited with the courier. E-mailed or faxed Claim Forms will be deemed received on the date received by the Claims Administrator.
4. A Claimant shall not submit more than one Claim Form. In particular, a Claimant shall submit one Claim Form that comprises all claims they may have. If more than one Claim Form is submitted, the Claims Administrator will treat them as one Claim Form.
5. If, for any reason, a living Class Member is unable to complete the Claim Form then it may be completed by the Class Member's personal representative.
6. It is the responsibility of the Claimant to provide sufficient medical evidence to support their Claim. The Claimant may wish to hire a lawyer or other professional of her own choosing to assist with this process. Any fees or charges incurred by the Claimant with respect to filing their own Claim are the responsibility of the Claimant.

HOW TO SUBMIT YOUR CLAIM:

You may choose any one of the following ways to submit a Claim Form, including any supporting documentation.

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|-----------------|--|
| Mail or Courier | Mail or courier your complete Claim Form and all supporting documentation to the Claims Administrator at: Premarin® & Premplus® Settlement c/o Epiq Class Action Services Canada Inc. P.O. Box 507 STN B Ottawa, ON K1P 5P6 Claims Submission Deadline is: January 20, 2025. |
| Email | Email your complete Claim Form and all supporting documentation to: info@PremarinClassActionCanada.ca |
| Fax | 1-866-262-0816 |

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| SECTION I: CLAIMANT IDENTIFICATION |
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The Claims Administrator will use the information that you provide to process your claim. If your information changes, please notify the Claims Administrator in writing.

*Fields marked with an * are mandatory.*

| | |
|-----------------------------|---|
| First Name* | Last Name* |
| Maiden or Other Prior Names | Date of Birth (DD-MM-YYYY) * |
| | Date of Death, if applicable (DD-MM-YYYY) |
| Street Address* | |
| City* | Province* |
| Postal Code* | Country* |
| Email Address* | Telephone Number* |

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| SECTION II: REPRESENTATIVE IDENTIFICATION (IF APPLICABLE) |
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Please complete this section if you are submitting a claim on behalf of the Settlement Class Member because you are:

- the authorized representative of a Class Member (i.e. with power of attorney);

Reason*: _____

Or

- the authorized representative of the deceased Class Member's Estate.

YOU MUST PROVIDE DOCUMENTATION VERIFYING THAT YOU HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF THE CLASS MEMBER OR THEIR ESTATE (FOR EXAMPLE, CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE, POWER OF ATTORNEY, ETC.)

*Fields marked with an * are mandatory.*

| | |
|------------------------------|-----------------------------|
| Representative's First Name* | Representative's Last Name* |
|------------------------------|-----------------------------|

Questions? Visit www.PremarinClassActionCanada.ca

 Representative's Relationship to Claimant*

 Representative's Street Address*

 City*

 Province*

 Postal Code*

 Country*

 Representative's Email Address*

 Representative's Telephone Number*

By checking this box, I confirm that **I am authorized** to submit a claim on behalf of the Class Member and have attached the supporting documentation (*such as a Power of Attorney for Property, or Death Certificate and Last Will, or Certificate of Appointment of Estate Trustee*). *

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| SECTION III: LEGAL COUNSEL IDENTIFICATION (IF APPLICABLE) |
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Please complete this section only if a lawyer is representing the Claimant.

Note: if this section is completed, all correspondence will be sent to your lawyer, who must notify the Claims Administrator of any change in mailing address. If you change lawyers, you must notify the Claims Administrator in writing of the new information.

*Fields marked with an * are mandatory.*

 Law Firm Name*

 Lawyer's Full Name*

 Law Society Number

 Law Firm Street Address*

 City*

 Province*

 Postal Code*

 Country*

 Lawyer's Email Address*

 Lawyer's Telephone Number*

SECTION IV: MEDICAL RECORD REQUIREMENTS & CLAIM CATEGORY SELECTION

Please review the medical record requirements for Group A and Group B below and indicate which Group aligns with the Claimant's history.

GROUP A CLAIMANTS- Medical Record Requirements

To be eligible for compensation, a Group A Claimant must, in addition to meeting the Membership Eligibility Criteria (listed at the top of this form), also provide medical records satisfactory to the Claims Administrator which establish all of the following criteria:

- At least two years use of Premarin®/Premplus® pursuant to a prescription, with such use commencing between January 1, 1977 and December 1, 2003 (inclusive);
- A diagnosis of hormone positive breast cancer after the first use of Premarin®/Premplus® and within three years of last ingestion of Premarin®/Premplus®;
- The Claimant must have stopped taking Premarin®/Premplus® on or before January 1, 2005, at the latest;
- If the Claimant is an estate representative, then the deceased person to whom the Claim relates must have been alive as of July 7, 2002, or later; and
- The Claimant's breast cancer diagnosis cannot be later than January 1, 2008.

GROUP B CLAIMANTS – Medical Record Requirements

To be eligible for compensation, a Group B Claimant must, in addition to meeting the Membership Eligibility Criteria (listed at the top of this form), also provide medical records satisfactory to the Claims Administrator which establish all of the following criteria:

- At least two years use of the Drugs pursuant to a prescription, with such use commencing between December 2, 2003 and December 31, 2006 (inclusive);
- A diagnosis of hormone positive breast cancer after the first use of the Drugs and within five years of last ingestion of the Drugs;
- The Claimant must have stopped taking the Drugs on or before April 1, 2011;
- If the Claimant is an estate representative, then the deceased person to whom the Claim relates must have been alive as of August 10, 2008 or later; and
- The Claimant's breast cancer diagnosis cannot be later than May 1, 2011.

*Fields marked with an * are mandatory.*

1. Please select one of the following choices: *

I am submitting a claim under Group A

I am submitting a claim under Group B

10. As of **August 25, 2014**, did you reside in British Columbia?* Yes No

11. Did you opt-in to the **Stanway Proceeding**? * Yes No

***Stanway Proceeding** means the certified class proceeding commenced in British Columbia under the style of cause *Dianna Louise Stanway v Wyeth Canada Inc., et al.*, Supreme Court of British Columbia No. S111075, a settlement of which was approved by the British Columbia Court on June 10, 2015.*

SECTION V: PAYMENT INFORMATION

Claimants must meet all eligibility requirements, including supporting medical records and filing deadlines to be considered an Approved Claimant.

Approved Claimants will receive their compensation payment by cheque at the postal address in the Claim Form or as otherwise directed by the Approved Claimant.

If the Approved Claimant has a lawyer, the cheque shall be made payable to the law firm "in trust" and sent directly to the lawyer unless otherwise directed by the Approved Claimant's lawyer.

SECTION VI: DECLARATION

The undersigned hereby consents to the disclosure of the information herein to the extent necessary to process this claim for compensation.

After reviewing the information that has been supplied on this Claim Form, the undersigned declares that under penalty of perjury that the information provided in this Claim Form is true and correct to the best of their knowledge, information and belief.

Individuals signing below on behalf of a Claimant: In addition to the above declaration, I hereby declare that I have reviewed the Claim Form and any supporting documentation with the Claimant and approval of the information and my representation has been granted.

Signature of Claimant *
(or Claimant's Representative, if any)

Date (dd/mm/yyyy) *

Signature of Claimant's Lawyer (if any)

Date (dd/mm/yyyy) *

The Claims administrator will keep strictly confidential the identity of all Settlement Class Members and all information regarding any claims and submissions made by Settlement Class Members.

Where necessary, the Claims Administrator will contact Claimants directly to obtain further information.

Should you require assistance with your claim submission, please feel free to contact:

| <u>The Claims Administrator</u> | <u>Merchant Law Group LLP</u> |
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| <p>Epiq Class Action Services Canada Inc.</p> <p><u>Attention:</u> Premarin®/Premplus® Settlement P.O. Box 507 STN B Ottawa ON K1P 5P6</p> <p>www.PremarinClassActionCanada.ca</p> <p>Email: info@PremarinClassActionCanada.ca</p> <p>Fax: 1-866-262-0816</p> | <p>https://www.merchantlaw.com/premarin</p> <p>Email: premarin@merchantlaw.com</p> <p>Me Christine Nasraoui (for Québec residents) Tel: (514) 248-7777 Fax: (514) 842-6687</p> <p>Anthony Tibbs (for residents of other provinces) Tel: (306) 359-7777 Fax: (514) 522-3299</p> |