

Official  
Office  
Use  
Only

**Home Capital Group Inc. Securities Litigation**

Ontario Superior Court of Justice  
Southwest Region, London, Ontario  
Court File No. 349-17CP

**Must Be Postmarked  
No Later Than  
January 22, 2018**

**HCQ**

**CLAIM FORM**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples



**PART I: CLAIMANT IDENTIFICATION**

Last Name

S M I T H

M.I.

First Name

J O H N

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

☐ RRSP ☐ RRIF ☐ RESP ☐ Trust ☐ Pension ☐ IRA ☒ Other Cash/ Margin

(specify)

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Filer Name, If Different from Beneficial Owner Listed Above

Capacity of the Filer, if Not Beneficial Owner

Account#/Fund# (Not Necessary for Individual Filers)

Social Insurance Number/ Social Security Number/Unique Tax Identifier

1 2 3 4 5 4 3 2 1

Telephone Number (Primary)

9 9 9 — 9 0 9 — 9 9 9 9

Telephone Number (Alternate)

— — —

Email Address

j o h n . s m i t h @ e m a i l . c o m

**MAILING INFORMATION**

Address

1 2 3 M A I N S T

Address

P O B O X 4 0 2

City

S M A L L V I L L E

Province/State

O N

Postal/Zip Code

G 7 N 2 R 4

Country

C A N A D A

FOR CLAIMS  
PROCESSING  
ONLY

OB

CB

☐ ATP  
☐ KE  
☐ ICI

☐ BE  
☐ DR  
☐ EM

☐ FL  
☐ ME  
☐ ND

☐ OP  
☐ RE  
☐ SH

MM / DD / YYYY

FOR CLAIMS  
PROCESSING  
ONLY



**PART II. SCHEDULE OF TRANSACTIONS IN HOME CAPITAL GROUP INC.**

**Traded in Canadian Dollars (CAD)**

This Claim Form is directed to the following Class or Class Members: All persons and entities wherever they may reside or be domiciled, who acquired HCG common shares during the period from and including November 5, 2014 to and including the close of trading on the Toronto Stock Exchange on July 10, 2015 ("Class Period").

Only HCG common shares acquired during the Class Period are eligible to potentially recover under the Settlement.

Proof Enclosed?

A. Number of Shares held at the close of trading on November 4, 2014:

2 5

☒ Y  
☐ N

B. Shares in Canadian Dollars purchased or acquired between November 5, 2014 - July 10, 2015, inclusive:

**PURCHASES**

Trade Date(s) (List Chronologically)	Number of Shares Purchased	Total Purchase Price (Canadian \$) Including Commissions <i>Please round off to the nearest whole dollar</i>	Proof of Purchase Enclosed?
M M D D Y Y 1. 0 2 / 0 6 / 1 5	1 0 0	C\$ 4 4 6 0 . 00	<input checked="" type="radio"/> Y <input type="radio"/> N
2. / /		C\$ . 00	<input type="radio"/> Y <input type="radio"/> N
3. / /		C\$ . 00	<input type="radio"/> Y <input type="radio"/> N
4. / /		C\$ . 00	<input type="radio"/> Y <input type="radio"/> N

Proof Enclosed?

C. Total number of shares purchased from July 11, 2015 to the time the Claim Form is filed.

4 0

☒ Y  
☐ N

D. Shares in Canadian Dollars sold between November 5, 2014 to the time the Claim Form is filed:

**SALES**

Trade Date(s) (List Chronologically)	Number of Shares Sold	Total Sales Price (Canadian \$) Including Commissions <i>Please round off to the nearest whole dollar</i>	Proof of Sales Enclosed?
M M D D Y Y 1. 0 3 / 2 0 / 1 5	5 0	C\$ 2 1 0 0 . 00	<input checked="" type="radio"/> Y <input type="radio"/> N
2. / /		C\$ . 00	<input type="radio"/> Y <input type="radio"/> N
3. / /		C\$ . 00	<input type="radio"/> Y <input type="radio"/> N
4. / /		C\$ . 00	<input type="radio"/> Y <input type="radio"/> N

Proof Enclosed?

E. Number of Shares held at the time the Claim Form is filed:

1 1 5

☒ Y  
☐ N

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

YOU MUST READ AND SIGN THE DECLARATION ON PAGE 6. FAILURE TO SIGN THE DECLARATION  
MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

**PART II. SCHEDULE OF TRANSACTIONS IN HOME CAPITAL GROUP INC.**

**Traded in US Dollars (USD)**

This Claim Form is directed to the following Class or Class Members: All persons and entities wherever they may reside or be domiciled, who acquired HCG common shares during the period from and including November 5, 2014 to and including the close of trading on the Toronto Stock Exchange on July 10, 2015 ("Class Period").

Only HCG common shares acquired during the Class Period are eligible to potentially recover under the Settlement.

Proof Enclosed?

A. Number of Shares held at the close of trading on November 4, 2014:

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☐ Y  
☐ N

B. Shares in USD purchased or acquired between November 5, 2014 - July 10, 2015, inclusive:

PURCHASES		Total Purchase Price (USD \$) Including Commissions <i>Please round off to the nearest whole dollar</i>	Proof of Purchase Enclosed?																																
Trade Date(s) (List Chronologically)	Number of Shares Purchased																																		
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Proof Enclosed?

C. Total number of shares purchased from July 11, 2015 to the time the Claim Form is filed.

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☐ Y  
☐ N

D. Shares in USD sold between November 5, 2014 to the time the Claim Form is filed:

SALES		Total Sales Price (USD \$) Including Commissions <i>Please round off to the nearest whole dollar</i>	Proof of Sales Enclosed?																																
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Proof Enclosed?

E. Number of Shares held at the time the Claim Form is filed:

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☐ Y  
☐ N

*If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.*

YOU MUST READ AND SIGN THE DECLARATION ON PAGE 6. FAILURE TO SIGN THE DECLARATION  
MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



**PART III. Declaration**

How did you find out about this class action?

- ☒ Newspaper Notice ☐ Notice Mailing ☐ Information provided by Broker/Custodian  
☐ Online (i.e. Facebook, Twitter, etc) ☐ Other \_\_\_\_\_  
(specify)

Through what institution did you hold shares of Home Capital?

- ☐ TD ☐ RBC ☐ SCOTIA ☐ CIBC ☒ BMO ☐ Other(s) \_\_\_\_\_  
(specify)

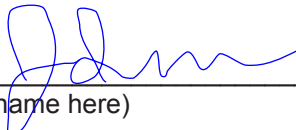
I (we) declare that the information on this Claim Form is true, correct and complete to the best of my knowledge, information and belief.

I (we) declare that I (we) have disclosed all of my (our) holdings and purchase and sales transactions in Shares for the time periods required by this Claim Form.

I (we) also declare that I (we) am (are) not an Excluded Person(s) or Opt-Out Party as these terms are defined in the General Instructions.

I (we) acknowledge and agree that the Claims Administrator may disclose all information relating to my (our) claim to the Courts and counsel to the parties in the Actions, as may be necessary.

Executed this 25 day of Sept / 2017 in Smallville / ON / Canada  
(Month/Year) (City/State/Province/Country)

  
(Sign your name here)

John Smith

(Type or print your name here)

Beneficial Purchaser

(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser, Executor or Administrator)  
Proof of Authority to File Enclosed? ☐ Yes ☒ No

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser, Executor or Administrator)  
Proof of Authority to File Enclosed? ☐ Yes ☐ No

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

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original share certificates; we may not be able to send them back.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-866-432-5534.
6. If you move, you are required to 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 received by you.

**Privacy Statement**

All information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Counsel pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Settlements, including evaluating the Claimant's eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant and an order of the Court.

"Class Counsel" is defined as Siskinds LLP of London, Ontario. The "Claims Administrator" is defined as RicePoint Administration Inc. of London, Ontario.

