

**CLASS ACTION REGARDING
CHRISTIAN ECONOMIC ASSISTANCE FOUNDATION
SCHOOL SUPPORT PROGRAM**

SETTLEMENT BENEFIT NOTICE AND CLAIM FORM

NOTICE: YOU MAY BE ELIGIBLE TO RECEIVE A SETTLEMENT BENEFIT IN THE ABOVE-NOTED CLASS ACTION. IF YOU CHOOSE TO RECEIVE A SETTLEMENT BENEFIT, YOU MUST COMPLETE THIS FORM AND SEND IT BY MAIL TO SCARFONE HAWKINS LLP, LAWYERS AND TRADE-MARK AGENTS, 1 JAMES STREET SOUTH, 14TH FLOOR, HAMILTON, ONTARIO, L8P 4R5, OR BY FAX TO 905-523-5878, OR BY EMAIL TO CEAF@SHLAW.CA ON OR BEFORE FRIDAY, JUNE 17, 2016.

IF YOUR CLAIM FORM IS NOT SUBMITTED ON TIME, YOU WILL LOSE YOUR RIGHT TO MAKE A CLAIM FOR A SETTLEMENT BENEFIT.

The following information must be completed and submitted for each Class Member:

CLASS MEMBER INFORMATION

NAME	
ADDRESS	
CITY	
PROVINCE	
POSTAL CODE	
TELEPHONE NUMBER (1)	
TELEPHONE NUMBER (2)	
CELLULAR TELEPHONE NUMBER	
E-MAIL ADDRESS (1)	
E-MAIL ADDRESS (2)	

PLEASE COMPLETE THE BELOW CHART:

Year(s) Participated (✓)		Donation Amount	Donation Receipt Attached (✓)	Reassessed by CRA		CRA Notice of Assessment Attached (✓)
				Yes	No	
2009	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2011	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2012	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHOOSE ONE OF THE FOLLOWING:

I ELECT TO RECEIVE PAYMENT OF MY SETTLEMENT BENEFIT

OR

I ELECT TO DONATE PAYMENT OF MY SETTLEMENT BENEFIT TO AN ONTARIO CHRISTIAN SCHOOL, NAMELY:

(Name of Ontario Christian school. A donation receipt will not be provided.)

DATE: _____

WITNESS SIGNATURE

Print Name: _____

**CLASS MEMBER SIGNATURE OR THEIR
REPRESENTATIVE ON THEIR BEHALF**

Print Name: _____