

CANADIAN SSA BONDS NATIONAL CLASS ACTION

CLAIM FORM

Federal Court - File No. T-1871-17

Please visit www.SSABondsSettlement.ca to file your claim online.

If you are an individual or entity in Canada and entered into an Eligible SSA Bond Transaction between January 1, 2005 and December 31, 2015, you may be eligible to receive a payment from settlements reached in the *Canadian SSA Bonds National Class Action*, File No. T-1871-17, as a member of a Settlement Class.

In order to qualify for the Settlements, as a person in Canada, you must have entered either directly or indirectly through an intermediary, and/or purchased or otherwise participated in an investment vehicle that entered into an SSA Bond Transaction with any of the following Defendants during that time period:

- Bank of America Corporation, Bank of America, N.A., Bank of America Canada, Bank of America, National Association, Bank of America Merrill Lynch International Limited, Merrill Lynch International, Merrill Lynch, Pierce, Fenner & Smith Inc., Merrill Lynch Canada Inc., Merrill Lynch International Services Limited, Merrill Lynch Financial Assets Inc., Merrill Lynch Benefits Ltd.
- HSBC Holdings, PLC, HSBC Bank USA, HSBC Securities (USA) Inc., HSBC Bank PLC, HSBC North America Holdings Inc., HSBC Bank Canada, HSBC USA Inc.
- Deutsche Bank AG, Deutsche Bank Securities Inc., Deutsche Bank Securities Limited;
- Toronto-Dominion Bank Group, TD Bank, N.A., TD Securities Limited, TD Group US Holdings, LLC, TD Bank USA, N.A.
- Royal Bank of Canada, RBC Europe Limited, RBC Capital Markets, LLC
- BNP Paribas S.A., BNP Paribas Group, BNP Paribas (Canada), BNP Paribas North America Inc., BNP Paribas
- Nomura Securities International, Inc., Nomura International PLC
- Citigroup Inc., Citibank N.A., Citigroup Global Markets Inc., Citigroup Global Markets Limited, Citibank Canada, Citigroup Global Markets Canada Inc.
- Credit Agricole S.A., Credit Agricole Corporate and Investment Bank, Credit Agricole Corporate and Investment Bank (Canada Branch)
- Credit Suisse Group AG, Credit Suisse AG, Credit Suisse Securities (Europe) Ltd, Credit Suisse International, Credit Suisse Securities (Canada) Inc., Credit Suisse Securities (USA) LLC
- Barclays Capital Canada Inc., Barclays Bank PLC, Barclays Capital Inc., Barclays Execution Services Limited, and Barclays Capital Securities Limited.

“**SSA Bond Transaction**” means any purchase, sale, trade, assignment, novation, unwind, termination, or other exercise of rights or options with respect to any Eligible SSA Bond in the Secondary SSA Bond Market. “**SSA Bond**” refers to any and all supranational, sovereign, sub-sovereign, governmental, quasi-governmental, and agency bonds or debt instruments regardless of the structure, currency or credit quality. The term “SSA Bond” excludes bonds issued by sovereign nations in the sovereign’s domestic currency, including, but not limited to, U.S. Treasury bonds or U.K. gilts.

“**Eligible SSA Bond**” means an SSA Bond bearing an International Securities Identification Number (“**ISIN**”) or a Committee on Uniform Securities Identification Procedures (“**CUSIP**”) number included on a list available at www.SSABondsSettlement.ca.

The capitalized terms not defined in this Claim Form have the same meaning as defined in the Settlement Agreements, all of which are available at www.SSABondsSettlement.ca.

INSTRUCTIONS FOR FILING A CLAIM FORM

1. It is important that you read the Notice of Settlement Approval Hearing (the “**Notice**”) that accompanies this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Notice, including the terms of the releases described in the Notice and provided for in the Settlement Agreements.
2. To be eligible to receive a payment from the Settlements, you must submit an eligible Claim Form. To be considered timely, your Claim Form must be submitted online by 11:59 p.m. Eastern Time on July 25, 2025. To submit your claim online, visit www.SSABondsSettlement.ca to file through the online portal or email this form to info@SSABondsSettlement.ca.
3. Supporting documentation is optional and not required to submit this Claim Form. However, in order to validate your Claim, the Claims Administrator may contact you to request that you submit additional information to prove the Total Notional Amount reported in Section B of this Claim Form. Such information may include: brokerage records, internal records, and/or sworn documents setting out information based upon brokerage and/or internal records and disclosing the specific source of such information.
4. Your payment amount, if any, will be determined pursuant to the Administration Protocol that is approved by the Court based on the Claims Administrator’s review of the Claim Form that you submit. Submission of a Claim Form does not guarantee that you will receive a payment from the Settlements. For more information, please refer to the Notice and Administration Protocol available at www.SSABondsSettlement.ca.
5. Separate Claim Forms should be submitted for each separate legal entity. Conversely, a single Claim Form should be submitted on behalf of one legal entity.
6. Trustees, executors, administrators, custodians, or other nominees who are completing and signing this Claim Form on behalf of the Claimant must also submit:
 - a. A description of the capacity in which they are acting (must be accompanied by supporting documentation);
 - b. The name, account number, last four digits of the SIN, business number, or individual tax number (or for non-Canadian Claimants, a comparable government-issued national identification number), address, and telephone number of the person or entity on whose behalf they are acting; and
 - c. Evidence of their authority to bind the person or entity on whose behalf they are acting. Authority to complete and sign a Claim Form cannot be established by brokers demonstrating that only they have discretionary authority to trade in another person’s accounts.
7. By signing the Claim Form, you are consenting to the disclosure of, and waiving any protections provided by, applicable bank secrecy or data privacy laws or any similar confidentiality protections with respect to information relating to your transactions in SSA Bonds from January 1, 2005 through December 31, 2015 for use in the claims administration process.

THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.SSABONDSSETTLEMENT.CA OR BY EMAIL AT INFO@SSABONDSSETTLEMENT.CA NO LATER THAN JULY 25, 2025.

**Your claim must
be submitted by:
July 25, 2025**

CANADIAN SSA BONDS CLASS ACTION
Federal Court - File No. T-1871-17
Claim Form

SSA-BC

SECTION A: NAME AND CONTACT INFORMATION OF CLAIMANT

Provide your name and contact information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

Beneficial Owner Name:

Co-Owner Name (if applicable):

Beneficial Owner's SIN, ITN or BN:

(If you fail to include this tax information, your Claim may not be paid.)

Representative/Nominee:

Mailing – Street:

Mailing - City and Province:

Mailing - Postal Code:

Mailing – Country:

Contact Name:

(Person to contact if there are questions regarding this Claim.)

Contact Phone Number:

Contact Email Address:

SECTION B: SSA BOND TRANSACTIONS INFORMATION

“**SSA Bond Transaction**” means any purchase, sale, trade, assignment, novation, unwind, termination, or other exercise of rights or options with respect to any Eligible SSA Bond in the Secondary SSA Bond Market. “**SSA Bond**” refers to any and all supranational, sovereign, sub-sovereign, governmental, quasi-governmental, and agency bonds or debt instruments regardless of the structure, currency or credit quality.

“**Eligible SSA Bond**” means an SSA Bond bearing an International Securities Identification Number (“**ISIN**”) or a Committee on Uniform Securities Identification Procedures (“**CUSIP**”) number included on a list available at www.SSABondsSettlement.ca. If the ISIN or CUSIP number of an SSA Bond you traded during the class period is not on the list, please contact the Claims Administrator at info@SSABondsSettlement.ca.

1. **List the Defendant(s) with whom you entered into Eligible SSA Bond Transactions between January 1, 2005 and December 31, 2015:**

2. **List the TOTAL NOTIONAL AMOUNT of SSA Bond Transactions in Eligible SSA Bonds with the Defendant(s), between January 1, 2005 and December 31, 2015:**

CAD\$

3. **List the ISIN or CUSIP of the Eligible SSA Bonds you are claiming in the transactions above:**

SECTION C: DOCUMENTATION

Supporting documentation is optional and not required to submit this Claim Form. However, in order to validate your Claim, the Claims Administrator may contact you to request that you submit additional information to prove the Total Notional Amount reported in Section B of this Claim Form. Such information may include: brokerage records, internal records, and/or sworn documents setting out information based upon brokerage and/or internal records and disclosing the specific source of such information.

Should you choose to attach optional documentation to support your Claim, you need only submit proof of such SSA Bond Transactions that together demonstrate proof of the Total Notional Amount of Eligible SSA Bond Transactions listed above as follows:

- If you are claiming Total SSA Bond Transactions between **CAD\$10,000,000 – \$99,999,999**, you need only submit proof of at least **\$10,000,000** in Eligible SSA Bond Transactions.
- If you are claiming Total SSA Bond Transactions between **CAD\$100,000,000 – \$999,999,999**, you need only submit proof of at least **\$100,000,000** in Eligible SSA Bond Transactions.

- If you are claiming Total SSA Bond Transactions greater than **CAD\$1,000,000,000 or greater**, you need only submit proof of at least **\$1,000,000,000** in Eligible SSA Bond Transactions.

Documentation Attached?

YES

NO

(Circle either YES or NO)

SECTION D: PARTICIPATION IN OTHER SETTLEMENTS OR PROCEEDINGS

Has the Class Member, or any person or entity related to the Class Member, submitted a claim or received compensation through other proceedings or settlements pertaining to SSA Bonds?

YES

NO

(Circle either YES or NO)

If you answered YES to the question above, please provide below the name of the proceeding or settlement, the details of any claim submitted or compensation received, and a description of the claims released. Please attach copies of any documents related to the proceeding or settlement to this claim form.

Check here if you are attaching copies of any documents relating to the proceeding or settlement described above:

SECTION E: CLAIMANT CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represents the Claimant(s) certifies (certify) as follows:

1. I (We) submit this Claim Form under the terms of the Settlement Agreements described in the Notice of Settlement Approval Hearing.
2. I (We) also submit to the jurisdiction of the Canadian Federal Court with respect to my (our) claim as a member of a Settlement Class.
3. I (we) am (are) a member of a Settlement Class(es), and am (are) not one of the individuals or entities excluded from the Settlement Classes.
4. I (we) have not submitted an Opt-Out Form.
5. I (we) have made the transactions included in the data submitted with this Claim Form, and have not assigned the claims against the Released Parties to another.

6. I (We) authorize the Claims Administrator to contact me (we), and agree to furnish additional information to the Claims Administrator to support this claim upon request, including but not limited to: brokerage records and/or sworn documents setting out information based upon brokerage records to prove the Total Notional Amounts reported in Section B of this Claim Form.
7. By submitting a claim under the Settlements, I (we) consent to the disclosure of and waive any protections provided by applicable bank secrecy, data privacy law, or any similar confidentiality protections with respect to information relating to my (our) trades in SSA Bonds to the Court-appointed Claims Administrator and Class Counsel for use in the claims administration process. I (we) further consent to the release to the Claims Administrator of any and all documents reflecting my transactions or holdings in SSA Bonds from January 1, 2005 through December 31, 2015, that may be obtained from Defendants or third parties, including, but not limited to, my brokerage firm(s).
8. I (We) certify that we have NOT submitted a claim for compensation or have received compensation through another settlement or proceeding pertaining to SSA Bonds.

I (WE) SOLEMNLY AFFIRM THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS CLAIM FORM ARE TRUE AND CORRECT.

Signature of Beneficial Owner:	<input type="text"/>
Printed Name:	<input type="text"/>
Date:	<input type="text"/>

Signature of Co-Owner:	<input type="text"/>
Printed Name:	<input type="text"/>
Date:	<input type="text"/>