

## LAURENTIAN UNIVERSITY CLASS ACTION SETTLEMENT: CLAIM FORM

### Private & Confidential

Please read this Claim Form carefully and complete it in full. Failure to fully complete this Claim Form and/or sign it will result in your Claim being rejected. Once completed and signed, submit this Claim Form to the Claims Administrator postmarked on or before deadline to submit a Claim Form **November 7, 2025 (11:59PM EST)**. Please mail your completed Claim Form to the address below.

#### **McKenzie Lake Lawyers LLP**

140 Fullarton Street, Suite 1800

London, ON N6A 5P2

Toll-Free Telephone: 1-844-672-5666

email: [christina.wolfe@mckenzielake.com](mailto:christina.wolfe@mckenzielake.com)

You may submit your claim online by completing the form available at **[www.laurentiandataclassaction.com](http://www.laurentiandataclassaction.com)**.

This Claim Form is for Settlement Class Members who wish to claim compensation under the Settlement Agreement dated December 20, 2024, relating to the Laurentian Data Incident.

“Data Incident” means the incident occurring between January 21, 2017 and January 25, 2017 at Laurentian University.

“Settlement Class Members” means all Persons whose personal information was compromised, stolen, and/or disclosed in the Data Incident.

### CATEGORY OF CLAIMS:

A **Documented Claim** means a claim by a Settlement Class Member who has suffered damages, losses, costs and/or unreimbursed expenses that were caused by the Data Incident, which claim is supported by reasonable documentary evidence as determined by the Claims Administrator, in its discretion. This documentary evidence may include:

- invoices;
- receipts;
- financial records; and/or
- photos.

A Documented Claim may be but is not necessarily related to actual fraud or identity theft suffered.

An **Undocumented Claim** means a claim by a Settlement Class Member made without the Settlement Class Member having to provide any documentation or proof of harm but only that they are a Settlement Class Member.

If you are submitting a Documented Claim, you must provide responses to the questions in Sections 4 and 5 below.

**Settlement Class Members are not eligible to receive payment for both a Documented Claim and an Undocumented Claim** (i.e., Settlement Class Members will be entitled only to submit either a Documented Claim or an Undocumented Claim).

Check one of the boxes below to indicate whether you are submitting a Documented Claim or an Undocumented Claim.

☐ Documented Claim

☐ Undocumented Claim

### 1. Claimant Identification

Provide the following information about the person submitting this Claim for compensation, or, if applicable, on whose behalf you are submitting this Claim:

#### A. Current Contact Information

First Name:		Middle Initial:
Last Name:		
Prior Last Name(s) (if applicable):		
Street Address:		Suite Number:
City:	Province/Territory:	Postal Code:
Phone Number:		Email Address:
Date of Birth (dd/mm/yyyy):		

## **B. Contact Information at the time of the Data Incident**

**PLEASE NOTE:** If your current contact information is different from the contact information Laurentian University would have had on file at the time of the Data Incident (January 21 to 25, 2017), please provide your previous contact information below.

This section applies to you if, for example, you have since moved away or are currently using a different email address.

Street Address:		Suite Number:
City:	Province/Territory:	Postal Code:
Email Address:		

### **2. Representative Identification (if you are submitting this Claim on behalf of a Settlement Class Member who is deceased or for another reason)**

If you are submitting this Claim as a representative on behalf of a Settlement Class Member, provide the following personal identification information and attach a copy of the Certificate of Appointment of Estate Trustee, Power of Attorney or other document establishing your authority to act on this person's behalf:

YOU ARE SUBMITTING THIS CLAIM ON BEHALF OF SOMEONE WHO IS:		
<input type="checkbox"/> DECEASED	<input type="checkbox"/> OTHER REASON (Identify)	
Representative's Full Name:		
Representative's Relationship to Claimant:		
Representative's Street Address:		Suite Number:
City:	Province/Territory:	Postal Code:

Representative's Phone Number:	Representative's Email Address:
Representative's Law Firm Name (if applicable):	

**3. Legal Counsel Identification (if applicable)**

This section is to be completed only if a lawyer is representing the Claimant. Please note that if you complete Section 3 below, 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.

Law Firm Name:		
Lawyer's Full Name:		
Street Address:		Suite Number:
City:	Province/Territory:	Postal Code:
Phone Number:		Email Address:
Law Society / Barreau Number:		

**4. Information Regarding Damages Incurred as a Result of the Data Incident Only fill out this Section if you are submitting a Documented Claim**

In the checklist below select at least one type of cost or expense, to the best of your recollection, to describe the damages, losses, costs and/or unreimbursed expenses you incurred as a result of the Data Incident.

- ☐ Unauthorized opening of an account, whether a chequing account, a savings account, a mobile phone subscription, etc.
- ☐ Taking control of a pre-existing account (account takeover).
- ☐ Unauthorized application for a credit card, a prepaid card, or financing such as a loan or margin.

- ☐ Purchasing of insurance.
- ☐ Providing a guarantee or endorsement as part of a transaction.
- ☐ Credit-related costs (ex. Purchasing credit monitoring services or identity theft protection, credit reports, costs to replace a freeze or alert on credit, costs to correct an error on a credit report or credit score).
- ☐ Unauthorized, unreimbursed charges on credit or debit card or account.
- ☐ Cost to hire someone to help correct your credit.
- ☐ Fees paid on your account (ex. late fees, payment fees, overdraft fees, returned cheques, customer service, card cancellation or replacement).
- ☐ Other costs or unreimbursed expenses, including related to identity theft or fraud, as a result of the Data Incident (please describe below).

What is the total amount of out-of-pocket damages claimed (in CAD)?: \$ \_\_\_\_\_

## **5. Supporting Documentation**

Note: Failure to provide supporting documentation will result in your Documented Claim being rejected.

Attach to this Claim Form documentation of unreimbursed damages, losses, costs and/or expenses which were caused by the Data Incident. This may include unreimbursed damages, losses, costs and/or expenses related to fraud or identity theft.

The evidence of a Documented Claim must be objective, reliable and credible, such as credit card statements, invoices, and receipts, financial records or photos of out-of-pocket expenses incurred.

Only damages, losses, costs and/or expenses actually incurred related to the services included in the categories listed in Section 4 above may be claimed, provided that it can be established they were directly caused by the Data Incident, as determined by the Claims Administrator in its sole discretion.

## **6. Privacy Statement**

All personal information provided by or on behalf of the Claimant to the Claims Administrator will be handled in accordance with applicable privacy laws. Such information will be used solely for the purposes of administering the Settlement Agreement. The information provided will be treated as private and confidential and will not be disclosed without the express written consent of the Claimant, except in accordance with the Settlement Agreement, Settlement Approval Order and/or other orders of the Ontario Superior Court of Justice.

## 7. Signature & Date

By signing below, I declare under penalty of perjury that I am a Settlement Class Member or a representative of a Settlement Class Member as disclosed in Section 2 above, and that the information provided and submitted in this Claim Form is true and correct to the best of my knowledge. I understand that this Claim Form and the supporting documentation attached hereto may be subject to audit, verification, and review by the Claims Administrator and/or Court. I also understand that if the information in this Claim Form or the supporting documentation attached hereto is believed or found to be fraudulent, I will not receive any payment. I agree to participate in the Settlement.

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Date

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Signature of Claimant (or Representative)

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Printed Name of Claimant (or Representative)

---

Date

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Signature of Claimant's Lawyer (if any)

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Printed Name of Claimant's Lawyer (if any)

## 8. Reminder Checklist

- ☐ I have reviewed this Claim Form for completeness and correctness.
- ☐ I have signed and dated this Claim Form.
- ☐ I have attached the required supporting documentation.
- ☐ I have made a copy and kept a copy of this Claim Form and all supporting documentation for my records.

**9. Submit this Claim Form (with required supporting documentation attached)**

Once completed and signed, submit this Claim Form, with the required supporting documentation attached, to the Claims Administrator online or by mail to the address below postmarked on or before **November 7, 2025 (11:59PM EST)**. To submit a Claim Form online, please visit **[www.laurentiandataclassaction.com](http://www.laurentiandataclassaction.com)**.

If you fail to submit this Claim Form and/or supporting evidence and documentation on or before deadline to submit a Claim Form of **November 7, 2025 (11:59PM EST)**, you will not be eligible for any compensation whatsoever. Sending in a Claim Form late will be the same as doing nothing.

Please note that if your Claim is successful, payments will be distributed at the end of the Claims Period. This process will take some time, and your patience is appreciated.

If you have any questions about this Claim Form or the Settlement generally, please visit **[WWW.LAURENTIANDATACLASSACTION.COM](http://WWW.LAURENTIANDATACLASSACTION.COM)** or call **1-844-672-5666**. You can also contact Class Counsel directly:

**McKenzie Lake Lawyers LLP**

140 Fullarton Street, Suite 1800  
London, ON N6A 5P2

Toll-Free Telephone: 1-844-672-5666  
email: [christina.wolfe@mckenzielake.com](mailto:christina.wolfe@mckenzielake.com)

Please note that in case of any discrepancy between the terms of this Claim Form and the Settlement Agreement, the terms of the Settlement Agreement shall prevail. Any term not defined in this Notice shall have the meaning ascribed in the Settlement Agreement.