

**Settlement of Samsung Top-Load Washing Machine Litigation in Canada (excluding Quebec):
Cash-Equivalent Card Claim Form**

Instructions for Completing the Cash-Equivalent Card Claim Form

This form is for Settlement Class Members who selected a Recall Repair through the Voluntary Recall website before July 25, 2019, or thereafter asked Samsung to perform a repair of their Washer by telephone at 1-855-291-6251 for Samsung brand Washers, and 1-855-291-6252 for Kenmore brand Washers before July 25, 2020. You may be eligible to receive a **one-time \$50.00** cash-equivalent card if a service technician failed to complete the repair as described below. To receive a cash-equivalent card, you must complete this Claim Form.

There are **four (4) ways** to submit a Claim Form:

Prior to September 30, 2019

1. ONLINE:	Visit the Settlement Website at www.canadatoploadwashersettlement.ca and submit your Claim Form online .
2. MAIL:	Mail your duly completed printed Claim Form to: <i>Samsung Canada Top-Load Washer Class Action Settlement Settlement Administrator Nelson P.O. Box 20187 – 322 Rideau Street Ottawa ON K1N 5Y5</i>
3. EMAIL:	Email your duly completed printed Claim Form to info@canadatoploadwashersettlement.ca
4. FAX:	Fax your duly completed printed Claim Form to 1-866-262-0816

After September 30, 2019 but before August 15, 2020:

MAIL:	Mail your printed Claim Form to: <i>Samsung Electronics America, Inc. 2050 Derry Road West Mississauga, ON L5N 0B9</i>
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If you submit your Claim Form online, via email or via fax, you must do so **no later than September 30, 2019**. If you are mailing your Claim Form to the Settlement Administrator, it must be postmarked by Canada Post **no later than September 30, 2019**. As noted above, Claim Forms must be mailed to Samsung **after September 30, 2019 but before August 15, 2020**.

If you select a Recall Repair through the Voluntary Recall website or otherwise requested a repair in the relevant time period, and a Samsung Authorized Service Center was not able to effectuate the requested Recall Repair **within fourteen (14) days** of the request, solely as a result of an act or omission by the Samsung Authorized Service Center, you may be eligible to receive a **one-time \$50.00** cash-equivalent card.¹ The fourteen (14) day

¹ You will not be eligible to receive a \$50.00 cash-equivalent card if Samsung Electronics Canada Inc. elects to replace rather than repair your Washer.

limit will not apply if your Washer is 200 km or more from a Samsung Authorized Service Center, in which case the repair will be completed as soon as reasonably practical.

To obtain a cash equivalent card, you must allow the Samsung Authorized Service Center fourteen (14) days to effectuate the requested repair, comply with all other conditions, and submit the duly completed and signed Claim Form, including the Certification Statement, to the Settlement Administrator for verification.

If you have more than one (1) Washer for which you wish to submit a claim under this Settlement, you must complete a separate Claim Form for each Washer.

If you have questions about this Claim Form, please visit the Settlement Website at www.canadatoploadwashersettlement.ca, or contact the Settlement Administrator at 1-855-745-7374 or info@canadatoploadwashersettlement.ca. If you have questions about this Claim Form after September 30, 2019, please contact Samsung directly at 1-855-291-6251 for Samsung brand Washers or 1-855-291-6252 for Kenmore brand Washers.

CLAIM FORM REMINDER CHECKLIST

Before submitting this Cash-Equivalent Card Claim Form, please make sure you:

1. Complete all fields of the Claim Form.
2. Answer all of the questions.
3. Sign the Certification Statement.

Please keep a copy of your completed Claim Form for your records.

**Your Claim Form
must be submitted
online, via email, fax,
or postmarked
no later than
August 15, 2020**

**Settlement of Samsung Top-Load Washing Machine
Litigation in Canada (excluding Quebec)**

Cash-Equivalent Card Claim Form

SECTION A: NAME AND CONTACT INFORMATION

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

First Name

Last Name

Street Address

City

Province

Postal Code

Email

Telephone

SECTION B: INFORMATION ABOUT YOUR WASHER

Model # of Washer

Serial # of Washer

**Purchase
Date:**

MONTH

YEAR

Note: To locate the model # and serial #, refer to the top of the back panel of your washer.

PROCEED TO THE QUESTIONS AND THE CERTIFICATION STATEMENT ON THE NEXT PAGE

1. On what date did you request a Recall Repair for your Washer?	<p align="center">Question 1:</p> <p align="center">_____, ____</p> <p align="center">(month) (day) (year)</p>
<p>2. What is the name and phone number of the service technician that was provided to you at the time you requested the repair?</p> <p>If you were not provided with the name and phone number of the service technician, please indicate that by checking the box to the right.</p>	<p align="center">Question 2:</p> <p>Name and phone number of service technician:</p> <p>_____</p> <p>_____</p> <p align="center"><u>OR</u></p> <p>I was not provided with the name and/or phone number of a service technician <input type="checkbox"/></p>
<p>3. Did a Samsung Authorized Service Center fail to effectuate your requested Recall Repair within fourteen (14) days of your request?</p> <p>If you answer "NO" to this Question, STOP: you are <u>not</u> eligible to receive a cash-equivalent card.</p>	<p align="center">Question 3:</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Was the failure to effectuate your requested repair attributable to any act or omission by you or by any other party apart from the Samsung Authorized Service Center?</p>	<p align="center">Question 4:</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Were you or another party reasonably available during the fourteen (14) day period to allow the Samsung Authorized Service Center to perform the requested Recall Repair?</p>	<p align="center">Question 5:</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

YOU MUST COMPLETE THE CERTIFICATION STATEMENT BELOW

CERTIFICATION STATEMENT

CERTIFICATION STATEMENT (Please note that you will not be eligible to receive a \$50.00 cash equivalent card unless you sign and return this Statement):

I affirm under penalty of perjury that all information provided in this Claim Form is true and accurate.

Signature

Date

Print Name

SUBMIT THIS CERTIFICATION STATEMENT ONLINE AT WWW.CANADATOPLOADWASHERSETTLEMENT.CA OR BY EMAIL, FAX OR MAIL TO THE SETTLEMENT ADMINISTRATOR AT THE ADDRESS LISTED ABOVE.