

**Canadian FX Price-Fixing Class Action  
Claims Administrator  
P.O. Box 10555  
Dublin, OH 43017-7255  
Toll Free (800) 375-9070  
Email: [info@CanadianFXNationalClassAction.ca](mailto:info@CanadianFXNationalClassAction.ca)**

**AUTHORIZATION FORM**

**Instructions:** If a Claim is being submitted by a third-party on behalf of a Settlement Class Member (including a parent company claiming on behalf of a subsidiary or affiliate), the following Authorization Form should be completed and **signed by the Settlement Class Member**. If the Settlement Class Member is a corporate entity or other organization, the person signing the Form on behalf of the Settlement Class Member must have decision-making authority for the Settlement Class Member. Only the Settlement Class Member needs to sign this Form. The third-party or other entity filing on behalf of the Settlement Class Member **does not** need to sign the Form. The name of the third-party or other intermediary to which the Class Member wishes to release information must be provided in the blank in the first paragraph below, and the remainder of the Form should be completed as requested. If you have questions, you may contact the Claims Administrator at the email address listed above.

This Authorization Form authorizes \_\_\_\_\_ to submit a claim on behalf of the Settlement Class Member named below with respect to its claims in the Canadian FX Price Fixing Class Action Settlements (*Mancinelli, et al. v. Royal Bank of Canada, et al.* in Ontario, and *Béland c. Banque Royale du Canada, et al.* in Quebec) (“the Settlements”), to send and receive correspondence on the Settlement Class Member’s behalf, and receive and distribute settlement funds on the Settlement Class Member’s behalf with respect to the Settlements. In addition, by signing below, the Settlement Class Member named below acknowledges the following:

- 1) The Class Member received legal notice detailing these Settlements and is aware of its rights and options.
- 2) The Class Member is not represented by any other third-party entity or intermediary in this matter.

Settlement Class Member Name: <input style="width: 100%; height: 20px;" type="text"/>
Class Member Email: <input style="width: 100%; height: 20px;" type="text"/>
Class Member Phone: ( <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> ) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> — <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Claimant ID (if available): <input style="width: 100%; height: 20px;" type="text"/>
Class Member Signature: _____ <small>(Must have decision-making authority for Class Member if it is a business, organization, or other entity)</small>
Printed Name: _____ Date: _____
Title: _____