CLAIM FORM

To be eligible to receive monetary compensation, a Class Member must submit a duly completed Claim Form and Proof of Claim to the Claims Administrator during the Claims Period.

The Claims Period begins thirty (30) days after publication of the Notice of Approval of the Settlement Agreement and ends one hundred twenty (120) days after that date, namely from **[●]**, 202**[●]** to **[●]**, 202**[●]**.

All Claims received after the Claims Period will be automatically rejected.

The Claim may be submitted in one of the following ways:

By email at the following address:	**By mail at the following address:**
lojackclaims@calamp.com	LoJack Canada Enterprises ULC Attention: LoJack Claims Administrator 2200 Faraday Avenue, Suite 220 Carlsbad California 92008 United States of America

Please complete all required information below.

A. Personal Information

First Name:			
Last Name:			
Address:			
City:			
Province:		Postal Code:	
Daytime Telephone Number:			
Email:			
Preferred Language of Correspondence:	☐ English ☐ French		

Preferred Method of Correspondence:	☐ Email ☐ Mail

B. Claim Details

Please check the appropriate box to indicate your response to the following questions.

1. Did you enter into a fixed-term contract for services of successive performance with LoJack for a LoJack Branded Tracking Device (the "**Contract**")?

   ☐ Yes
   ☐ No

2. Was the termination date of the Contract after June 30, 2020? If yes, please indicate the termination date of the Contract below.

   ☐ Yes
   ☐ No

   Date: _____

3. As of June 30, 2020, did you own or lease a vehicle in which a LoJack Branded Tracking Device had been installed pursuant to the Contract?

   ☐ Yes
   ☐ No

4. If the Contract's termination date was after June 30, 2020, were you refunded, in whole or in part, for advances paid to LoJack beyond the services received before LoJack terminated the Contract?

   ☐ Yes
   ☐ No

   If you answered Yes to the previous question, please provide additional details about the refund received in the box below.

   ☐ Not applicable

Please add details here.

C. Proof of Claim

Please attach the following documents to this Claim Form:

1. A copy of a valid identification document (for example: driver's licence, health card, or passport); **AND**
2. The original Contract or a copy thereof; **OR**
3. Any secondary evidence that you owned or leased a vehicle in which a LoJack Branded Tracking Device was installed as of June 30, 2020 (for example: bank statements, an insurance policy, vehicle maintenance invoices, other proof of installation by an authorized third party, or LoJack's letter regarding the end of services); **AND**
4. Any other document you deem relevant or the Claims Administrator deems necessary, if applicable.

If you cannot submit the original Contract, please ensure that the secondary evidence above contains:

1. The term of the Contract; **AND**
2. The effective date of the Contract and/or the installation date of the LoJack Branded Tracking Device; **AND**
3. The amount you paid to LoJack.

D. Declaration

Please complete the following declaration.

☐ I declare or affirm that the information in this Claim Form and the supporting documents submitted as Proof of Claim is accurate and truthful, and that I am entitled and duly authorized to submit this Claim. I understand that my Claim may be verified, audited, and judicially reviewed. I also understand that I will receive no compensation if my Claim is determined to be fraudulent.

E. Signature

Claimant's Signature: _____

Date: _____