

CONSUMER CLAIM FORM

Deadline to Submit Consumer Claim Form: DECEMBER 31, 2022

- This is the form that you may submit if you want to share in the settlement money received from Ford Motor Company of Canada, Limited. You may only submit this form if you meet the requirements listed under "Can I Submit This Consumer Claim Form?" below.
- Use This Form Only If You Are a Consumer and NOT a Fleet Purchaser. If you purchased or leased vehicles using a fleet account number issued by an automobile manufacturer, then you must go to www.CalCarsSettlement.com and submit your claim online as a fleet purchaser.
- Throughout this Consumer Claim Form, the term "you" means the person or business that purchased or leased the vehicle(s) listed in this form.

Can I Submit This Consumer Claim Form?

You are only eligible to submit this Consumer Claim Form if all of the following apply to you:

1. You purchased or leased a new motor vehicle (passenger car, light truck or sport utility vehicle ("SUV")) during the period January 1, 2001 to April 30, 2003 ("Eligible Claims Period"); and
2. You purchased or leased the new motor vehicle from an automobile dealer located in California; and
3. The vehicle you purchased or leased was one of the following makes: Acura, Buick, Cadillac, Chevrolet, Chrysler, Dodge, Ford, GMC, Honda, Hummer, Infiniti, Jaguar, Jeep, Land Rover, Lexus, Lincoln, Mazda, Mercury, Nissan, Oldsmobile, Plymouth, Pontiac, Saab, Saturn, Toyota or Volvo; and
4. You resided in California as of November 15, 2010.

If you need any help determining whether you are eligible to submit a consumer claim, please go to www.CalCarsSettlement.com.

How Do I Fill Out and Submit This Consumer Claim Form?

If you believe you are eligible and you would like to submit a claim, you have two options: (1) complete and submit the online Consumer Claim Form at www.CalCarsSettlement.com, or (2) complete this paper Consumer Claim Form and send it by first-class mail to:

Automobile Antitrust Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 173028
Milwaukee, WI 53217

Your claim must be submitted online, or post-marked, by December 31, 2022. Please read and follow these instructions carefully. Please do not omit any information asked for. Failure to provide complete and accurate information may result in a delay in the processing of your Consumer Claim Form.

INSTRUCTIONS:

Section 1 - Claimant Information

- Please provide all required contact information of the person or business that purchased or leased the vehicle(s). This is you, the "Claimant".
- If the Claimant listed is a business, please fill in "Contact Name" with the name of the person signing this Consumer Claim Form.
- The person completing the Claim Form must be authorized by the Claimant to submit this form.

Section 2 - Purchase or Lease Information

- Please provide all the information requested about the vehicle(s) you purchased or leased, including make, model, year, and date of purchase (month and year).
- Please indicate the state where you purchased the vehicle.
- List only purchases or leases you made during the Eligible Claims Period (January 1, 2001 to April 30, 2003).
- List only purchases or leases of new passenger cars, light trucks or SUVs of the following makes: Acura, Buick, Cadillac, Chevrolet, Chrysler, Dodge, Ford, GMC, Honda, Hummer, Infiniti, Jaguar, Jeep, Land Rover, Lexus, Lincoln, Mazda, Mercury, Nissan, Oldsmobile, Plymouth, Pontiac, Saab, Saturn, Toyota, Volkswagen or Volvo.
- List only purchases or leases you made from a dealer located in California.
- Please indicate the dealer's name, if known.

Section 3 - Claimant Signature and Certification

Please read, date and sign the statement. Submit the Consumer Claim Form online or send the completed paper Consumer Claim Form by first-class mail to:

Automobile Antitrust Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 173028
Milwaukee, WI 53217

Your claim must be submitted or post-marked on or before December 31, 2022.

Do I Need to Attach Any Documents to the Consumer Claim Form?

No. At this time, you do not need to submit any documents other than this Consumer Claim Form. But, by signing in Section 4 of this form and submitting your claim, you are verifying under penalty of perjury that you purchased or leased the vehicle(s) you list on this form. You may be asked by Plaintiffs' Counsel, the Claims Administrator or the Court for documents showing that you made the purchases you list on this form.

Please Remember to Provide your Signature Under Penalty of Perjury on Page 4 of this Claim Form

CONSUMER CLAIM FORM

Section 1- Claimant Information

CLAIMANT NAME* (INDIVIDUAL OR BUSINESS NAME)

CONTACT NAME (IF DIFFERENT THAN CLAIMANT NAME)

AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

STREET ADDRESS*

FLOOR/SUITE

<input type="text"/>	<input type="text"/>
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CITY*

STATE*

ZIP*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MOBILE PHONE NUMBER*

EMAIL ADDRESS*

If you have one, you must provide a current, valid email address or mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Claims Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with a number of digital payment options to immediately receive your Settlement payment. You will also at that time have the option to request a paper check, but a paper check will take additional time to process.

Section 2 - Purchase or Lease Information

Make of Vehicle:	<input type="text"/>
Year of Vehicle:	<input type="text"/>
Model of Vehicle:	<input type="text"/>
Date of Vehicle Purchase or Lease:	<input type="text"/>
Name of Dealer:	<input type="text"/>
State of Dealer:	<input type="text"/>

If you purchased or leased more than one new vehicle during the Eligible Claims Period, make photocopies of this page and complete one page per vehicle. Sign your name on each additional page.

Section 3 - Claimant Signature and Certification

By signing this claim submission, I certify, that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a claimant, I certify that I am authorized to submit this claim submission on the claimant's behalf. I am, or the claimant on whose behalf I am submitting this claim submission is, a member of the Class, and not subject to any of the exceptions to being included in the Class. I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this claim submission if so requested to do so by the Claims Administrator.

SIGNATURE	DATE
	<i>mm/dd/yyyy</i>

Return this Claim Form to the Claims Administrator by mail to:

Automobile Antitrust Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 173028
Milwaukee, WI 53217