

Court File no. VLC-S-S-1810216
VANCOUVER REGISTRY

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

RAYMOND EDWARD MATTHEWS and DONALD DUNLOP
PLAINTIFFS

AND:

LA CAPITALE CIVIL SERVICE MUTUAL, LA CAPITALE FINANCIAL
GROUP INC., LA CAPITALE CIVIL SERVICE INSURER INC., LA
CAPITALE FINANCIAL SECURITY INSURANCE COMPANY, and
3602214 CANADA INC.
DEFENDANTS

Brought pursuant to the *Class Proceedings Act*, R.S.B.C. 1996, c. 50

APPLICATION FOR COMPENSATION

Please **PRINT** or **TYPE** your responses on this application.

Identification and Contact Information

Name: _____

Date of birth: _____ - _____ - _____
 YYYY MM DD

Agent ID: _____

Home Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Email: _____ @ _____

If the Class Member is deceased, or you are submitting this application because you believe you are otherwise legally entitled to a Class Member's compensation, please provide the additional information below:

Name of Class Member: _____

Date of birth of Class Member: _____ - _____ - _____
 YYYY MM DD

Agent ID of Class Member: _____

Your relationship to Class Member: _____

% or proportion of Class Member's compensation to which you are entitled:

Basis on which you are claiming the Class Member's compensation (e.g.: administrator of estate, beneficiary under a will or a contract, agreement, or court order):

Mailing address

Line 1: _____

Line 2: _____

City: _____

Province: _____

Postal Code: _____

History of Agreements

Enter the date of your *earliest* agreement with La Capitale (which includes the Pennsylvania Life Insurance Company, the Penncorp Life Insurance Company, or their subsidiaries or acquirers) which entitled you to receive, at any time between November 30, 2006 and May 28, 2020, ongoing compensation from La Capitale (and where the :

Agreement date: _____ - _____ - _____
 YYYY MM DD

Enter the date that you retired from active service with La Capitale.

Retirement date: _____ - _____ - _____
 YYYY MM DD

Payment History

Please enter, for each year during the Class Period, the total amount of compensation paid to you by La Capitale, before taxes and deductions (if any). *This information, to the extent that you provide it, will be verified against information provided by the Defendants.*

2006	\$ _____ . ____	2014	\$ _____ . ____
2007	\$ _____ . ____	2015	\$ _____ . ____
2008	\$ _____ . ____	2016	\$ _____ . ____
2009	\$ _____ . ____	2017	\$ _____ . ____
2010	\$ _____ . ____	2018	\$ _____ . ____
2011	\$ _____ . ____	2019	\$ _____ . ____
2012	\$ _____ . ____	2020	\$ _____ . ____
2013	\$ _____ . ____		

Attachments

Please include, as supporting information, copies of the following documents, to the extent that you have them available. (Class Counsel may request further documentation to address discrepancies.)

- _____ Copy of government-issued photo identification
- _____ Copies of any documentation (e.g. tax slips, payment advices from La Capitale, bank statements, etc.) to corroborate the amounts paid during the Class Period as enumerated above.
- _____ Where the Class Member is deceased or you are otherwise claiming entitlement to compensation payable to a Class Member, copies of documents demonstrating that you are entitled to receive the Class Member's compensation (e.g. Grant of Probate, contract or other document showing you as beneficiary, court order, etc.)
- _____ A signed copy of this application form.

Name of Applicant: _____

Signature of Applicant: _____

Date of Application: _____ - _____ - _____
YYYY MM DD