

Enbridge Pension Plan Class Action Settlement Claim Form

PLEASE COMPLETE ALL OF THE APPLICABLE FIELDS BY SEPTEMBER 1, 2026:

PART 1 – SETTLEMENT CLASS MEMBER INFORMATION

1. First and Middle Name

2. Last Name

3. Social Insurance Number

4. Permanent Home Address (include street address, city/town, and province/territory)

5. Mailing Address (if different from above)

6. E-mail address:

7. Telephone Number

8. Alternate Telephone Number

9. Election for Payment by Cheque or Direct Deposit:

Cheque mailed to address # 5 (or, if none, to #4) above: _____ OR

Direct Deposit to Bank Account set out below: _____

Bank Number:

Transit number:

Account Number:

Please attach void cheque

PART 2 – LEGAL REPRESENTATIVE OF A SETTLEMENT CLASS MEMBER INFORMATION

Complete this section if you are administering the estate of a deceased Settlement Class Member

1. First Name

2. Last Name

3. Social Insurance Number

4. Permanent Home or Office Address (include street address, city/town, and province/territory)	
5. Mailing Address (if different from above)	
6. Telephone Number	7. Alternate Telephone Number
8. E-Mail address:	
9. Role on behalf of the Settlement Class Member:	
8. Election for Payment by Cheque or Direct Deposit: Cheque mailed to address #5 (or, if none, to #4) above: _____ OR Direct Deposit to Bank Account set out below: _____ Bank Number: Transit number: Account Number: Please attach void cheque	
9. List of Documents attached to confirm the Settlement Class Member is deceased and your status as legal representative of the deceased. This may include a death certificate, will, and/or affidavit or sworn statement setting out the relevant facts. 	

PART 3 – DECLARATIONS AND SIGNATURE

1. Indemnity

By signing this form, you acknowledge that, if you or the Estate that you represent, receive a payment in respect of the Enbridge Pension Plan Class Action, you are responsible for any taxes, EI premiums, or CPP premiums that might apply to that payment. Enbridge will not be withholding any portion of funds paid in respect of this Class Action on your behalf for the Canada Revenue Agency ["CRA"]. You agree to indemnify and save harmless Enbridge and you waive any claims against Enbridge for any claims, taxes, charges, penalties, or obligations, if any, applied by the CRA to the payment.

2. Privacy Statement and Consent

Enbridge and Cavalluzzo LLP will collect, use and/or disclose this form and any enclosures, data, information, reports, material or other documents of any nature which are disclosed, revealed or transmitted to them with this form solely for the purpose of executing the terms of the Class Action settlement agreement. The use and disclosure of any personal information received by Enbridge is subject to all applicable laws that may require the retention or disclosure of the personal information disclosed, including the *Personal Information Protection and Electronic Documents Act*, subject to the protection provided to the parties by Court Order,

In submitting this form, you consent to the use of the information contained herein for the purposes of administering the Enbridge Pension Plan Class Action claims process.

3. I DECLARE THAT:

- The information provided in this form is true, based on my personal records, experience and recollection.
- If the information described above is inaccurate, false or misleading, I may be required to repay the compensation that I receive.
- I have read and agree to the Indemnity provision set out in Part 3, paragraph 1. above.

Settlement Class Member or
Legal Representative signature

Date

PART 4 – WHERE TO SEND YOUR CLAIM FORM

Please mail or email your completed claim form and any attached documents (if applicable) to the following address to be received by SEPTEMBER 1, 2026:

Enbridge
500 Consumers Road
North York, ON M2J 1P8
Attn: Law Department

Email: pensionclassaction@enbridge.com