

**SCHEDULE “L”
CLAIM FORM**

**Silk and Great Value Plant-Based Beverages – 2024 Recall due to Potential Listeria Contamination
(S.C.M. no. 500-06-001321-245)**

**Canadian Class Action Settlement with
Danone Canada, Wal-Mart Canada Corp., Joriki Inc., and Intact Insurance Company**

PART I. INSTRUCTIONS AND ACKNOWLEDGMENTS

If you wish to make a claim for compensation, other than a refund claim already covered by Danone Canada’s Voluntary Refund Program, in the class action relating to Silk Products and Great Value Products recalled for potential Listeria monocytogenes contamination, you must complete all Parts of this Claim Form AND, if required, provide related medical, clinical, hospital, pathology, laboratory, pharmacy, or similar records, as well as any optional declarations from the Primary Claimant’s health care provider or from Family Claimants, in one of the ways described below.

Together, this Claim Form, and the records and declarations described herein, are your Claim Package.

ALL CLAIM PACKAGES WITH A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTS MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR BY 11:59 PM PACIFIC STANDARD TIME (“PST”) ON OCTOBER 16, 2026.

To be considered for compensation under the settlement, you must submit your Claim Package on or before October 16, 2026, by 11:59 PM PST (the “**Claim Period**”) by courier, email, fax, or mail to the Claims Administrator, **Concilia Services Inc.** (PlantBeverages@conciliainc.com), or upload through the online claims portal at www.PlantBeverages-Settlement.com.

Mailed or couriered Claim Forms received after the Claim Period but post marked or deposited with the courier on or before the Claim Period will be deemed received on the post marked date or the date deposited with the courier. E-mailed or faxed Claim Forms will be deemed received on the date and time sent to the Claims Administrator.

If you do not submit your Claim Form by the end of the Claim Period, your claim will be denied. Please note that it may take several weeks to receive the required medical documentation to support your claim. Thus, please start the claiming process right away.

There are no fees for submitting a Claim Form. However, claimants who retain the services of their own attorney or agent to complete their Claim Form will be fully responsible for the resulting costs and expenses.

REFERENCE MATERIALS AND DEFINED TERMS

By submitting this Claim Form, you, your lawyer, your estate or legal representative confirm having reviewed and agree to be bound by the conditions and the terms of the Settlement Agreement, Compensation Grid, and the Settlement Approval Order. Copies of those documents are available at www.PlantBeverages-Settlement.com.

Capitalized terms used in this Claim Form have the meanings given to them in the Settlement Agreement and Compensation Grid.

SUBMISSION INSTRUCTIONS AND CONTACT DETAILS

Submit your completed Claim Package by one of the following methods on or before October 16, 2026, by 11:59 PM PST:

- Online upload via the claims portal: www.PlantBeverages-Settlement.com
- Email: PlantBeverages@conciliainc.com (for greater efficiency and security, it is recommended to use the claims portal instead of email)
- Mail or courier to: **Concilia Services Inc.**, 5900 Andover Avenue, Suite 1, Montreal, Quebec, H4T 1H5 (it is recommended to send by registered mail)
- Fax : 1-888-770-6049

ACKNOWLEDGMENT AND FURTHER COMMUNICATIONS

Upon receipt of your Claim Package, the Claims Administrator will send an Acknowledgment Letter by your selected method of communication below:

- Email (default)
- Mail

- If you elect to be contacted by the Claims Administrator by **email**, you will receive an Acknowledgment Letter by email that contains an automatically generated list of documents that you must also provide to be eligible for compensation based on the answers you provide below in your Claim Form. The Acknowledgment Letter will also state how to upload the documents to the online claims portal operated by the Claims Administrator.
- Alternatively, if you choose to be contacted by **mail**, the Claims Administrator will send you a list of documents that you must also provide to be eligible for compensation based on the answers you provided in your Claim Form. The Acknowledgment Letter will also state where you must send your documents to and by when.

Claimants (or their attorneys/agents) must notify the Claims Administrator in writing of any correction or change in their name, address, phone number or legal representation.

The Claims Administrator will send you a Deficiency Letter if any of the following are evident:

- there is insufficient evidence that the minimum qualifying criteria are met;

- the Claim Package is not properly completed or is in any way deficient;
- the required documents have not been submitted with the Claim Form; and
- there is a discrepancy between information in the Claim Package and the Claim Form or other documentation submitted.

You may supplement your Claim Package at any time before the end of the Claim Period, which is October 16, 2026 at 11:59 PM PST. Notwithstanding the Claim Period, if you receive a Deficiency Letter, you will have twenty (20) additional days from the date of the Deficiency Letter to amend or supplement your Claim Package. You must supplement your Claim Package if you receive a Deficiency Letter or if the Claims Administrator requests further information from you, and if you do not, your Claim will be assessed on the basis of the material you provided.

If your Claim Package is incomplete or otherwise deficient at the end of the Claim Period or at the end of the delay provided in the Deficiency Letter, your claim will be denied.

After the end of the Claim Period or any extension thereto, the Claims Administrator will make all eligibility and allocation decisions. The Claims Administrator will then send you a Claim Determination Decision. That decision will become final and binding, unless appealed, as stated below.

APPEAL RIGHTS

If your Claim is rejected in whole or in part, you may appeal the Claim Determination Decision by filing, at your own expense, a request to be heard in writing by the judge responsible of the Quebec Proceeding at the Superior Court of Quebec (file no. 500-06-001321-245) within 30 days of the date the Claim Determination Decision was sent. The Court's decision on appeal will be final and binding.

NOTICE REGARDING PRIVACY

By submitting a Claim Form, you hereby consent to the disclosure of the information contained in this form to the extent necessary to process this claim for compensation. Information provided in connection with this Claim Form will be used only for the purposes of administering the Settlement Agreement, assessing eligibility, and allocating compensation, and as otherwise required by law. The Claims Administrator will maintain strict confidentiality over your Claim Package and will disclose information only as necessary to process your claim or as ordered by the Court.

IMPORTANT REMINDERS

- Keep copies of everything you submit to the Claims Administrator.
- Ensure all required supporting documents are included.
- You may supplement your Claim Package at any time before October 16, 2026 at 11:59 PM PST.
- Claims received after the Claim Period will be denied, subject only to the postmark rule where applicable as set out in the Settlement Agreement.

FOR ASSISTANCE

If you need assistance completing this Claim Form, contact the Claims Administrator at **1-888-367-7705** or PlantBeverages@conciliainc.com or visit www.PlantBeverages-Settlement.com for guidance and resources.

- I have reviewed the above. I agree to the conditions stated above. I agree to be bound by the terms of the Settlement Agreement, Compensation Grid, and Settlement Approval Order.

PART II. IDENTIFICATION

SECTION 1- Claimant Identification

I claim on behalf of the following Claimant:

- 1. Myself
- 2. A minor (under the age of 18)
Please enclose:
 - (1) a copy of your authority to act; and
 - (2) a completed Acknowledgment of Responsibility (Part VIII.)
- 3. A person under legal disability
Please enclose a copy of your authority to act (e.g., power of attorney, etc.)
- 4. A deceased person
Please enclose a copy of your authority to act (e.g., will, court order, etc.)

Each Primary Claimant requires a separate claim form. If you're filing for more than one person who ingested the Silk Products and/or Great Value Products subject to the Recall, and suffered any Personal Injury as a result thereof, please submit another form after completing this one.

Family Claimants: in Part V below, you will have the opportunity to add one or more family members to your Claim based on their relationship to a Primary Claimant. Family Claimants are eligible for compensation only if the Primary Claimant qualifies under Tier V or Tier VI of the Compensation Grid.

If you are a lawyer or representative completing this form on behalf of your client, please complete both this Section and Section 3.

Claimant's Last Name: _____ First Name: _____

Email Address: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Health Insurance Number: _____

Date of Birth: Day _____ Month _____ Year _____

Date of Death (if applicable): Day _____ Month _____ Year _____

*** Please enclose the official death certificate.**

SECTION 2 – Representative Identification

This section should only be completed if you are submitting a claim as a representative of a Claimant or minor(s).

You MUST provide proof of your authority to act as a representative of a Claimant or minor(s).

Same as Claimant named in Section 1

Representative's Last name: _____ First Name: _____

Representative's Email Address: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Proof of authority to act as representative: _____

*** Please enclose proof of your authority to act as a representative.**

SECTION 3 – Legal Representative Identification

This section should be completed ONLY if a lawyer or agent represents the Claimant.

If you complete this section, all subsequent correspondence will be forwarded to your legal representative.

If you have had the assistance of Class Counsel (LPC Avocats: Mtre Joey Zukran / Mtre Léa Bruyère) you do not need to complete this section.

Name of Law Firm: _____

Attorney's or Agent's Email Address: _____

Attorney's or Agent's Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

PART III. PROOF OF PURCHASE AND INGESTION (EXPOSURE)

For the purposes of this Claim Form, “Recalled Product” refers to Silk Products and Great Value Products recalled Products, as comprehensively listed in Schedule “B” (accessible on the settlement website: www.PlantBeverages-Settlement.com). This definition encompasses all Silk Products and Great Value Products that were voluntarily recalled by Danone Canada, with the recall process initiated on July 8, 2024, with the best-before dates and 4-digit product code (**7825**) listed in Schedule “B”.

1. Please provide details as to the Primary Claimant’s purchase of the Recalled Product:

(a) Where was the Recalled Product purchased? (retailer name and city/province):

(b) What Recalled Product(s) were purchased? (ex: brand, product name, flavor):

(c) When was the Recalled Product purchased? (Year and approximate month):

(d) Did you retain any packaging showing the best-before date and 4-digit product code **7825** on the top of the carton?

Yes, enclosed/attached No

(e) Do you have proof of purchase (receipt, bank/credit card record) or retained packaging corroborating purchase?

Yes, enclosed/attached No

(f) Do the records refer to a Recalled Product listed in Schedule B?

Yes No Unknown

2. If you are the Primary Claimant that purchased the Recalled Product but do not have such purchase or packaging records, and if (and only if) the illness event(s) occurred within the relevant incubation window (at least 48 hours and no more than 70 days after consumption), please check the box below as your solemn declaration attesting to said purchase and that these documents are not available;

Yes

3. Please provide details regarding the Primary Claimant’s ingestion of the Recalled Product:

(a) Do you affirm that the Primary Claimant consumed a Recalled Product?

Yes No

(b) When did the Primary Claimant consume the Recalled Product?

(Year and approximate month) _____

(c) If available, provide Whole Genome Sequencing (WGS) or other laboratory confirmation relating to *Listeria monocytogenes*.

Yes, uploaded/enclosed Not available

6. If the Primary Claimant was hospitalized, please state the:

• Hospital: _____

• Date Admitted (YYYY-MM-DD): _____

• Date Discharged (if applicable) (YYYY-MM-DD): _____

(a) Do you have a medical record stating the length of stay in the hospital?

Yes, attached No

7. Did the Primary Claimant die as a result of the Illness event(s)?

Yes No

(a) If so, when? (YYYY-MM-DD): _____

(b) Do you have the Primary Claimant's death certificate?

Yes, uploaded/enclosed No

(c) Do you have at least one medical record stating that the death was caused by *Listeriosis* (or complications thereof)?

Yes No

(d) Alternatively, if such a record existed but has now been destroyed, do you have a signed note from a physician who was involved in the Primary Claimant's care or treatment stating that the Primary Claimant experienced *Listeriosis* (or qualifying Illness) that resulted in the Primary Claimant's death?

Yes, uploaded/enclosed No

8. Did the Primary Claimant receive a new diagnosis of a medically recognized psychological disorder following the consumption of the Recalled Product with symptoms that are more acute than upset, disgust, anxiety, insomnia or agitation?

Yes No

(a) If so, what was it?

(b) Do you have medical records stating that the Primary Claimant received a new diagnosis of a medically recognized psychological disorder following the consumption of the Recalled Product?

Yes, uploaded/enclosed No

9. Did the Primary Claimant develop severe complications and / or permanent symptoms?

Yes No

(a) If so, what were they?

(b) Do you have medical records stating that the Primary Claimant developed symptoms consistent with *Listeriosis*, and *Listeriosis* caused the Primary Claimant to develop severe complications or permanent symptoms?

Yes, uploaded/enclosed No

PART V. FAMILY CLAIMANTS

10. If you are a Family Claimant or are making a Claim on behalf of one or more Family Claimants, please state the names and addresses of each and their relationship to the Primary Claimant.

Name of Family Claimant	Relationship to Primary Claimant	Address

11. Please confirm that you have submitted the required documentation to support the relationship of each Family Claimant listed above and proof of address. You must submit the required documentation on behalf of each Family Claimant. Check all that apply.

Please note that the terms “Proof of common address” used hereafter refer to the proof of residency and cohabitation of the Family Claimant and the Primary Claimant required for each Family Claimant over 18 years old, or, proof of residency and cohabitation of the Family Claimant’s guardian attesting to the cohabitation of the Family Claimant and the Primary Claimant required for each Family Claimant over 18 years old.

(a) Spouse or Common-law partner

Marriage certificate, court order, legal proof of marriage or common law

Alternatively:

Sworn affidavit from the Primary Claimant of the nature of the relationship **and**

Sworn affidavit from the Family Claimant of the nature of the relationship

Proof of common address

(b) Parent:

Birth certificate, adoption certificate, court order, or legal equivalent

Alternatively:

Sworn affidavit from the Primary Claimant of the nature of the relationship **and**

Sworn affidavit from the Family Claimant of the nature of the relationship

Proof of common address

(c) Child:

Birth certificate, adoption certificate, court order, or legal equivalent

Alternatively:

Sworn affidavit from the Primary Claimant of the nature of the relationship

(d) Grandparent:

Sworn affidavit from the Primary Claimant of the nature of the relationship **and**

Sworn affidavit from the Family Claimant of the nature of the relationship

Proof of common address

(e) Grandchild:

Sworn affidavit from the Primary Claimant of the nature of the relationship **and**

Sworn affidavit from the Family Claimant of the nature of the relationship (if said Family Claimant is over 18 years old)

Proof of common address (if said Family Claimant is over 18 years old)

(f) Sibling:

Sworn affidavit from the Primary Claimant of the nature of the relationship; **and**

Sworn affidavit from the Family Claimant of the nature of the relationship (if said Family Claimant is over 18 years old)

Proof of common address (if said Family Claimant is over 18 years old)

PART VI. SPECIAL DAMAGES

12. Are you making a claim for Special Damages (such as medical expenses, out-of-pocket expenses for transportation, funeral expenses)?

Yes No

13. If so, do you have each of the following to demonstrate that the Primary Claimant incurred special damages?

(a) Proof of expenses (such as medical expenses, out-of-pocket expenses for transportation, funeral expenses)

Yes, uploaded/enclosed No

(b) Proof of payment of the expenses

Yes, uploaded/enclosed No

(c) Describe the document(s) and amount(s) paid

Document Date	Document Description	Amount Paid
		\$
		\$
		\$
		\$
		\$
		\$

PART VII. RELEASE FOR CLAIM

14. Did the Primary Claimant or you receive compensation under other proceedings or another settlement and/or have given a release relating to the Recalled Products?

Yes No

(a) If the Primary Claimant or you have been compensated or have given a release for your claims, please provide the details required below:

(i) Name of the Primary Claimant: _____

(ii) Compensation amount: \$ _____

(iii) Details of released claims: _____

PART VIII. GUARDIAN'S ACKNOWLEDGMENT OF RESPONSIBILITY

15. Please complete this acknowledgment for each minor claimant mentioned in this form.

This Acknowledgment of Responsibility is given by:

Guardian's Name: _____

Guardian's Email Address: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

(a) This acknowledgment of responsibility relates to the minor:

Name of minor: _____

Date of birth _____ (DD/MM/YY).

(b) I am the guardian of the minor because I am:

the minor's parent.

the guardian appointed by the deed or will of the minor's parent,
_____ (name of deceased parent)

the guardian appointed by a court order dated _____ (date
of guardianship order).

(c) I have the power and responsibility to make day-to-day decisions affecting the minor.

(d) I have enclosed or uploaded a copy of my authority to act on behalf of the minor (e.g., long-form birth certificate, baptismal certificate, court order, or other proof of guardianship).

(e) I request that the Claims Administrator deliver to me, to hold as trustee for the minor, money payable to the minor pursuant the settlement.

(f) I will use or expend the money for the benefit of the minor in conformity with the laws in my jurisdiction.

Date: _____

Guardian's Signature

PART IX. CLAIMANT DECLARATION AND AUTHORIZATION

16. To submit a claim, you must affirm to the truth of the contents of this Claim Form and any subsequent amendments or supplements thereto. The contents of this form have been approved by the Superior Court of Quebec, and making a false statement may be considered perjury by which you may be penalized by disallowance of your claim and/or prosecution.

(a) Do you affirm that the information in this Claim Form is true to the best of your knowledge?

Yes No

17. Payment method (if your claim is approved)

Interac e-Transfer

Cheque

Date Submitted (YYYY-MM-DD): _____

Acceptance of Claimant (in lieu of signature): [check box]

PLEASE UPLOAD OR ENCLOSE ALL THE EVIDENCE REQUIRED TO SUPPORT YOUR CLAIM FORM.