

Apple Gift Card Class Action Settlement

CLAIM FORM

Michael Ferracci v Apple Inc., Apple Value Services, LLC and Apple Canada Inc.
(Court File No. CV-20-645295-00CP)

Use this form to make a claim for a payment from the settlement of this class action. Verita Global is the Court-appointed administrator (the “Administrator”). Complete each section that applies to you and sign the declaration in Section 6.

DEADLINE: Your completed and signed Claim Form must be submitted no later than [11:59 p.m. ET on February 20, 2027].

Submit your Claim Form in one of these ways:

Online: www.giftcardsettlement.ca

Email: info@giftcardsettlement.ca

Mail: Verita Global, Apple Gift Card Administrator, PO Box 3355, London, ON N6A 4K3

Before you start:

- Print clearly in ink.
- Submit one Claim Form per Class Member, listing all of their eligible gift cards.
- Send copies of your documents, not originals, and keep a copy of your completed Claim Form.

SECTION 1 – ARE YOU ELIGIBLE TO MAKE A CLAIM?

A claim can be made only for a member of the class (a “Class Member”) as described in the Court-approved Class Notice. If you are submitting this claim on behalf of a Class Member, answer Sections 1 and 3 about that Class Member.

All Persons in Canada, other than Excluded Persons, who purchased one or more iTunes, App Store or Apple Music gift cards (an “Eligible Gift Card”), between January 1, 2016 and September 16, 2026, where they provided the redemption code of such Eligible Gift Card to a third party unknown to them who sought the code under false pretenses, and did not receive a full refund or other form of compensation for their complete losses from Apple or any third party.

“Excluded Persons” means all Defendants, their parents, subsidiaries, affiliates, officers, directors, and employees, any entity in which Defendants have a controlling interest, all employees of any law firm involved in prosecuting or defending this litigation, as well as their immediate family members, and all judges assigned to hear any aspect of this litigation, as well as their staff and immediate family members. Also excluded from the Class are settlement class members who timely and validly submit an Opt-Out Form or are otherwise excluded by the Court.

Answer each question:

1.1 Are you a person in Canada?	☐ Yes ☐ No
1.2 Did you purchase one or more iTunes, App Store or Apple Music gift cards between January 1, 2016 and September 16, 2026?	☐ Yes ☐ No
1.3 Did you provide the redemption code of the gift card(s) to a third party unknown to you who sought the code under false pretenses?	☐ Yes ☐ No
1.4 Have you received a full refund or other form of compensation for your complete losses from Apple or any third party? <i>If you received back only part of your losses, answer “No” and enter the amount at line B in 3.2.</i>	☐ Yes ☐ No
1.5 Are you excluded from the class as described in the box above? <i>This includes Excluded Persons, anyone who submitted a valid Opt-Out Form on time, and anyone otherwise excluded by the Court.</i>	☐ Yes ☐ No

To be eligible, you must answer “Yes” to questions 1.1, 1.2 and 1.3, and “No” to questions 1.4 and 1.5.

SECTION 2 – CLASS MEMBER INFORMATION

Enter the Class Member's information. If you are submitting this claim on behalf of a Class Member, also complete the box below with your own information.

Privacy: *The information you provide will be used only to administer this settlement.*

First name		Last name	
Other names used when the gift card(s) were bought, if different			
Street address			Unit / Apt.
City / Town	Province / Territory		Postal code
Email address		Telephone number	Preferred language ☐ English ☐ French

Complete this part only if you are submitting this claim on behalf of a Class Member (for example, as an estate trustee, or a guardian). Attach proof of your authority (see Section 4).

Your name	Your role / authority (for example, estate trustee)	Your telephone number
Your mailing address (if different from above)		Your email address

SECTION 3 – GIFT CARDS AND LOSSES

3.1 List each iTunes, App Store or Apple Music gift card whose redemption code was provided (see question 1.3). If you need more space, attach a separate page.

#	Date purchased (YYYY-MM-DD)	Type of card (as shown on the card)	Where purchased (store and city, or website)	Card value (\$)	Serial number or redemption code (if available)
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	

3.2 Totals:

A. Total value of the gift cards listed in 3.1 (and on any attached page)	\$
B. Total amount of any refund or compensation received from Apple or any third party for these gift cards	\$
C. Unrecovered loss (A minus B)	\$
If you entered an amount at B, who provided the refund or compensation?	

3.3 When was the redemption code provided? (Approximate dates are fine. List each date if more than one, and attach a page if needed.)	
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3.4 Briefly describe what happened: who asked for the redemption code(s), what they said, and how the code(s) were provided. Attach a page if you need more space.

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3.5 Was what happened reported? Check all that apply and give any reference number.

☐ Apple	Case or reference number	☐ Police	Report number
☐ Canadian Anti-Fraud Centre	Reference number	☐ Other (for example, your bank or the store)	Who, and any reference number
☐ Not reported			

SECTION 4 – SUPPORTING DOCUMENTS

Attach copies of any of the following documents that you have, and check each type you are including:

- ☐ Proof of purchase of the gift card(s) – for example, a store receipt, or a bank or credit card statement showing the purchase
- ☐ A photo or scan of the gift card(s) or card packaging showing the serial number or redemption code
- ☐ Messages, emails, call logs or other records of contact with the person who asked for the code(s)
- ☐ A copy of any report made to Apple, the police or the Canadian Anti-Fraud Centre
- ☐ A record of any refund or compensation received
- ☐ Proof of authority (only if you are submitting this claim on behalf of a Class Member)

The Administrator may contact you if more information or documents are needed to review the claim.

SECTION 5 – PAYMENT METHOD

If the claim is approved, how should the payment be sent? Choose one:

☐ Interac e-Transfer to this email address:	
Confirm the email address:	
☐ Cheque mailed to the address in Section 2	

SECTION 6 – DECLARATION AND SIGNATURE

By signing this Claim Form, I declare that:

- the information in this Claim Form and in any attached documents is true and correct to the best of my knowledge;
- I am the Class Member named in Section 2, or I am authorized to submit this claim on that Class Member's behalf;
- this is the only Claim Form submitted for this Class Member;
- I understand that the Administrator may review and verify the information provided, and may contact me for more information or documents; and
- I understand that if false or misleading information is provided, the claim may be denied.

Signature of Class Member (or authorized representative)	Printed name	Date (YYYY-MM-DD)
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