

CLAIM FORM

CLASS ACTION CONCERNING THE NATIONAL BANK OF CANADA LINES OF CREDIT
"SECURITY FLEX LINE", "PERSONAL FLEX LINE OF CREDIT" and/or "SUPERIOR FLEX LINE"

1. YOU ARE ADMISSIBLE IF:

- (a) You had a National Bank "Security Flex Line" Line of credit;
- (b) You used the "Security Flex Line" between **July 1, 2003 and April 30, 2005**; and
- (c) You paid \$5.00 user fees (security against overdraft) at least once during this period.

- Important:**
- **You must submit a Claim Form for each line of credit "Security Flex Line" account that you held during the aforementioned period;**
 - **You do not need to send this Form if you have received a letter from the National Bank regarding the present class action and the compensation of \$99.15 that will be paid to you.**

2. COPIES OF THE DOCUMENTS TO ENCLOSE WITH THE FORM

To speed up the processing of your claim, enclose a copy of a monthly account statement that shows a \$5.00 user fee charge (security against overdraft).

If you no longer have these documents, you can still make a claim. In this case, you must complete the solemn declaration included in the form.

The Bank will not return any documents.

3. SENDING THE DOCUMENTS

You must send the form on **October 31, 2010 at the latest**.

Send the duly completed form and enclose, if necessary, a copy of your documents:

1. To the following address:

Claims Administrator (1524-1)
National Bank of Canada
500, Place d'Armes – 8th Floor
Montréal, Québec H2Y 2W3

OR

2. Free of charge, through a National Bank branch, by inscribing on your envelop "Claims Administrator (1524-1)".

4. DECISION

The Administrator will inform you in writing of your admissibility to the compensation accordingly:

- Claim accepted: A cheque made to the order of the claimant(s) will be sent before the end of November 2010;
- Claim dismissed: The Administrator will answer you within 20 business days following the reception of your claim.

5. COMPENSATION AMOUNT

According to the settlement, a lump sum of \$99.15 will be disbursed for "Security Flex Line" Line of credit held by an admissible claimant for which \$5.00 user fees (security against overdraft) was paid at least once.

6. COMPENSATION PAYMENT TERMS

The payment of accepted claims will be done by cheque and sent to the claimant to the address indicated on the Claim Form.

7. QUESTIONS ?

Please refer to the National Bank website at www.bnc.ca/avispublic for any questions regarding the class action or this form.

You can also obtain information by contacting the Administrator at 1-877-919-7337 or the Union des consommateurs at (514) 521-6820, free of charge (outside of Montréal): 1-888-521-6820 or on their website at www.consommateur.qc.ca/union/bnc

CLAIM FORM

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INFORMATION ON THE ACCOUNT HOLDER(S)

(if more than two account holders, fill-out the section "OTHER ACCOUNT HOLDERS" on the following page of this claim)

Primary Account Holder

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	Street	Apt.
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (home)	Telephone Number (work/other)	Extension

Secondary Account Holder (if applicable)

Same address as the Primary Account Holder (check box if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	Street	Apt.
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (home)	Telephone Number (work/other)	Extension
<input type="text"/>	<input type="text"/>	
Main Record N° of the primary account holder (reserved for Bank use)	Main Record N° of the secondary account holder (reserved for Bank use)	

ACCOUNT INFORMATION (please fill in and send one distinct form for each account)

<input type="text"/>	<input type="text"/>
Account number	Branch Transit Number

ENCLOSED DOCUMENTS

Yes : _____ No : _____

I am enclosing a copy of the monthly account statement that shows a \$5.00 user fee charge (protection against overdraft).

ATTESTATION AND SIGNATURES

Each of the claimants solemnly declares, to serve as testimony before the Court, having paid a \$5.00 user fee charge at least once between July 1, 2003 and April 30, 2005 upon use of the "Security Flex Line" line of credit. We authorise the Administrator to verify our account history to ensure that we are admissible to receive the compensation provided by the Class Action Settlement.

Signed in _____, on _____ 20____

Signature of the primary account holder

Signature of the secondary account holder

Signature of other account holder (2)

Signature of other account holder (3)

For internal use: _____ Reception date (Bank) (YYYY MM DD)

- Accepted
 Dismissed

CLAIM FORM (cont')

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THIS SECTION IS TO BE COMPLETED ONLY IF THERE ARE MORE THAN 2 (TWO) JOINT ACCOUNT HOLDERS

INFORMATION ON THE OTHER ACCOUNT HOLDERS

Other Account Holder (2) (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	Street	Apt.
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (home)	Telephone Number (work/other)	Extension

Other Account Holder (3) (if applicable)

Same address as the Primary Account Holder (check box if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	Street	Apt.
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (home)	N° Telephone Number (work/other)	Extension

Main Record N° of the other account holder (2) (reserved for Bank use)

Main Record N° of the other account holder (3) (reserved for Bank use)