

HOME CAPITAL GROUP INC. SECURITIES LITIGATION

Ontario Superior Court of Justice (Southwest Region, London, Ontario), Court File No. 349/17CP

CLAIM FORM

I. GENERAL INSTRUCTIONS – PLEASE READ CAREFULLY

1. This Claim Form is directed to the following Class or Class Members: all persons and entities wherever they may reside or be domiciled, other than Excluded Persons and Opt-Out Parties (as defined below), who acquired HCG common shares during the period from and including November 5, 2014 to and including the close of trading on the Toronto Stock Exchange on July 10, 2015 (the "Class Period").
2. If you are NOT a member of the Class, as defined below, PLEASE DO NOT submit a Claim Form.
3. To make a claim for compensation from the settlement in the above noted action, you must complete and, on page 6, sign the Claim Form. If you fail to file a properly addressed Claim Form, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Funds created in connection with the settlement.
4. A separate Claim Form must be filed for each account in which common shares of Home Capital Group Inc. ("HCG") were held.
5. Only your HCG common shares acquired during the Class Period are eligible to potentially recover under the settlement. However, because your sales or unsold shares held up to the time of your claim will be used for purposes of calculating your Net Loss under the Distribution Protocol, information about acquisitions of HCG common shares after the Class Period, if any, is required for claim balancing. While such post Class Period acquisitions will not be used for purposes of calculating your Net Loss pursuant to the Distribution Protocol, the information is necessary in order to properly process your claim.
6. Submission of a Claim Form does not assure that you will share in the Net Settlement Funds.
7. Before submitting a Claim Form, Claimants may wish to consult a sample completed Claim Form, available at www.homecapitalsettlement.com.
8. For questions about this Claim Form, or if you require assistance, please contact the settlement administrator, RicePoint Administration Inc., at **1-866-432-5534** or **homecapital@ricepoint.com**.
9. MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE **January 22, 2018** ADDRESSED TO THE ADMINISTRATOR:

**Home Capital Securities Litigation
c/o RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade Toronto, ON M5W 4B1**

II. KEY DEFINITIONS

1. "Action" means the action styled *McDonald v. Home Capital Group Inc., et al.*, filed in the Ontario Superior Court of Justice (Southwest Region, London, Ontario) and bearing Court File No. 349/17CP.
2. "Defendants" means Home Capital Group Inc., Gerald M. Soloway, Robert Morton and Robert J. Blowes.
3. "Eligible Shares" means the HCG common shares acquired by a Class Member or Opt-Out Party during the Class Period and still held at the close of trading on the Toronto Stock Exchange on July 10, 2015.
4. "Excluded Persons" means:
 - (a) each Defendant;
 - (b) the past or present subsidiaries or affiliates of HCG;
 - (c) officers, directors, partners, legal representatives, consultants, agents, successors and assigns of HCG;
 - (d) any member of each of the individual Defendants' families; and
 - (e) the heirs, successors and assigns of the Defendants.
5. "Opt-Out Party" means any person who would otherwise be a Class Member and who submits a valid Opt-Out Request by the Opt-Out Deadline (the Opt-Out Deadline was close of business on August 8, 2017).

III. CLAIMANT IDENTIFICATION

1. If you acquired Eligible Shares and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.
2. Use Part I of this form entitled "Claimant Identification" to identify each purchaser. In addition, if you are NOT the beneficial owner and are filing a claim on behalf of the beneficial owner, please complete the "filer name" field in Part I of the "Claimant Identification" section on the first page of the Claim Form. A CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER OR PURCHASERS, OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER OR PURCHASERS OF ELIGIBLE SHARES UPON WHICH THIS CLAIM IS BASED.
3. All joint purchasers must sign a Claim Form. Executors, administrators, guardians, conservators and trustees must complete and sign a Claim Form on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Insurance number, Business number or other unique tax identifier and telephone number of the beneficial purchaser may be used in verifying the claim. Failure to provide the foregoing information could delay verification of a claim or result in its rejection from eligibility for compensation.

IV. CLAIM FORM

1. Claim Forms must be submitted to the Administrator (see contact details on the first page of these instructions).
2. A separate Claim Form must be filed for each account in which Eligible Shares were held.
3. A claimant must provide all of the requested information with respect to **all** of his, her or its:
 - (a) HCG shares held at the close of trading on November 4, 2014;
 - (b) purchase(s) and acquisition(s) of HCG shares at any time during the Class Period;
 - (c) total number of HCG shares purchased from July 11, 2015 to the time the Claim Form is filed;
 - (d) sale(s) of HCG shares between November 5, 2014 and the time the Claim Form is filed; and
 - (e) HCG shares held at the time the Claim Form is filed.Failure to report all required details may result in the rejection of a claimant's claim.
4. Please list each transaction in the Class Period separately and in chronological order, by trade date (not settlement date), beginning with the earliest. Claimants must accurately provide the month, day and year of each transaction listed.
5. Trade confirmations, broker statements or suitable alternative documentation evidencing a claimant's transactions in HCG shares must be submitted with the Claim Form. Failure to submit supporting documentation acceptable to the Administrator may result in the rejection of your claim.
6. The information required by the Administrator is the minimum amount of information necessary to process the claims. The Administrator may request additional information as required to efficiently and reliably calculate claimants' losses. In some cases, where the Administrator cannot perform compensation calculations accurately or at a reasonable cost to the Class with the information provided by a claimant, the Administrator may conditionally accept the claim pending receipt of additional information.
7. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in an electronic aggregate file. If you wish to file an electronic file batch claim, you must contact the Administrator at 1-866-432-5534 or homecapital@ricepoint.com.

Official
Office
Use
Only

Home Capital Group Inc. Securities Litigation

Ontario Superior Court of Justice
Southwest Region, London, Ontario
Court File No. 349-17CP

**Must Be Postmarked
No Later Than
January 22, 2018**

HCQ

CLAIM FORM

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples



PART I: CLAIMANT IDENTIFICATION

Last Name	M.I.	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>

RRSP
 RRIF
 RESP
 Trust
 Pension
 IRA
 Other _____ (specify)

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Filer Name, If Different from Beneficial Owner Listed Above

Capacity of the Filer, if Not Beneficial Owner

Account#/Fund# (Not Necessary for Individual Filers)

Social Insurance Number/ Social Security Number/Unique Tax Identifier

Telephone Number (Primary)	Telephone Number (Alternate)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

MAILING INFORMATION

Address

Address

City	Province/State	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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PART III. Declaration

How did you find out about this class action?

- Newspaper Notice
- Online (i.e. Facebook, Twitter, etc)
- Notice Mailing
- Other _____
(specify)
- Information provided by Broker/Custodian

Through what institution did you hold shares of Home Capital?

- TD
- RBC
- SCOTIA
- CIBC
- BMO
- Other(s) _____
(specify)

I (we) declare that the information on this Claim Form is true, correct and complete to the best of my knowledge, information and belief.

I (we) declare that I (we) have disclosed all of my (our) holdings and purchase and sales transactions in Shares for the time periods required by this Claim Form.

I (we) also declare that I (we) am (are) not an Excluded Person(s) or Opt-Out Party as these terms are defined in the General Instructions.

I (we) acknowledge and agree that the Claims Administrator may disclose all information relating to my (our) claim to the Courts and counsel to the parties in the Actions, as may be necessary.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Province/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

Proof of Authority to File Enclosed? Yes No

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

Proof of Authority to File Enclosed? Yes No

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original share certificates; we may not be able to send them back.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-866-432-5534.
6. If you move, you are required to send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your settlement benefits not being received by you.

Privacy Statement

All information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Counsel pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Settlements, including evaluating the Claimant's eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant and an order of the Court.

"Class Counsel" is defined as Siskinds LLP of London, Ontario. The "Claims Administrator" is defined as RicePoint Administration Inc. of London, Ontario.

