

Exhibit A

Claim Form

Lootbox Settlement Program in Canada

INSTRUCTIONS – TERMS AND CONDITIONS

PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY TO DETERMINE IF YOU QUALIFY UNDER THIS SETTLEMENT PROGRAM.

WHO IS ELIGIBLE TO MAKE A CLAIM

1. Class Members, defined as: all legal and natural persons and their guardians/tutors or estates, who purchased random-item loot boxes in *Rocket League* or *Fortnite* at any time who were residents of Canada (including without limitation any of its provinces and territories), except for those specifically excluded (listed below).
2. Specifically excluded from the definition of Class Members are:
 - a) all persons who timely and validly request exclusion (opt out) from the class action settlement, and
 - b) Releasees (as defined in the Settlement Agreement)

HOW TO MAKE A CLAIM

1. To qualify to receive compensation, you must:
 - a) meet the definition of Class Member as set forth above; AND
 - b) submit a valid e-mail address to the Settlement Administrator by 5 PM Eastern on January 11, 2023; AND
 - c) fully complete and submit a Claim Form which will be transmitted to the Class Member by the Settlement Administrator along with any required documentation, in compliance with the instructions below.
2. The Claim Form must be signed by you (either electronically or in writing) under penalty of perjury affirming that you are a Class Member and that the information provided therein is true and accurate.
3. The Claim Form must be submitted as described above no later than **5:00 PM Eastern on August 4, 2023**. If you are a Class Member and you do not timely submit a valid Claim Form in accordance with these instructions, you will not be eligible to receive compensation and you will

remain subject to the releases in the Settlement Agreement.

4. Each Class Member may submit only one (1) Claim Form for all purchases of random-item loot boxes.
5. The maximum compensation available to Class Members under the settlement is \$25 regardless of the amount of random-item loot boxes purchased. Under the terms of the settlement, certain conditions may lead to Class Members with valid claims receiving less than this amount. For example, the compensation available will be reduced proportionately among all Class Members with valid claims if the total amount of eligible claims exceeds the Settlement Amount minus the costs and expenses of the settlement.
6. Duplicate, invalid, illegible, or incomplete Claim Forms will not be honoured.
7. Keep copies for your records.
8. Lost, late, or misdirected Claim Forms are not the responsibility of Epic Games, Inc., the other Releasees or the Settlement Administrator and will be invalidated.
9. Compensation can only be sent to a valid e-mail address via Interac e-transfer. You must have a bank account capable of receiving an Interac e-transfer to collect any compensation. Compensation can only be collected for a period of thirty (30) days after the Interac e-Transfer is sent to the e-mail address you provide.

EPIC GAMES, INC. AND THE OTHER RELEASEES ALONG WITH CLASS COUNSEL ARE NOT RESPONSIBLE FOR THE ADMINISTRATION OF THE SETTLEMENT OR THE DISTRIBUTION OF THE SETTLEMENT AMOUNT. PLEASE CONTACT CLASS COUNSEL OR THE SETTLEMENT ADMINISTRATOR – NOT THE COURT OR EPIC’S COUNSEL – FOR FURTHER INFORMATION.

CLAIM FORM

LOOT BOX SETTLEMENT PROGRAM IN CANADA

To seek compensation in the above-described Settlement Program, please provide all of the following information, failing which your claim may be rejected. Any compensation that is provided in response to your claim will be sent via Interac e-Transfer to the e-mail address you provide in Part 1 - Contact Information. Compensation will only be distributed after the Court grants final approval of the settlement, pending any appeals. Please be patient.

PART 1 - CONTACT INFORMATION

NOTE: The contact information is that of the person completing the Claim Form. Therefore, if you are a guardian submitting a Claim Form on behalf of a minor, or an estate executor submitting a Claim Form on behalf of a deceased person, the contact information should be YOUR contact information.

FULL NAME			
First name:		Last name:	

ADDRESS					
Civic Number		Apt or Unit Number		PO Box	
Street Name					
City					
Postal Code					

PHONE NUMBER	
Main Phone Number	
Alternative Phone Number	

EMAIL ADDRESS	
Email address	
NOTE: This is a currently valid e-mail address to which you wish to receive any Compensation, should you be deemed an Eligible Class Member after review of the information provided on your Claim Form by the Administrator.	

IF GUARDIAN

If acting on behalf of a minor who purchased random-item loot boxes, state the name of the minor and your relationship to them (ex. Parent, legal guardian).

NAME OF MINOR	
RELATIONSHIP TO MINOR	

IF ESTATE

If acting on behalf of a deceased person who purchased a random-item loot boxes, state the name of the deceased person and your relationship to them (ex. Estate executor, daughter, mother, etc.)

NAME OF DECEASED PERSON	
RELATIONSHIP TO DECEASED PERSON	

PART 2 - INFORMATION REGARDING LOOT BOX PURCHASES

<p>E-mail address associated with <i>Fortnite</i> or <i>Rocket League</i> Account:</p> <p>[If unable to provide the e-mail address associate with the <i>Fortnite</i> or <i>Rocket League</i> Account, see NOTE below]</p>	
<p>Approximate date of random-item loot box purchase(s) and/or use (if possible, please specify the month and year) (MM/YYYY):</p>	

NOTE: Class Members who cannot provide their *Fortnite* or *Rocket League* account information must provide proof of the random-item loot box purchases at issue, such as an emailed receipt, a credit card receipt, or screen shot(s) of the purchase(s) from the Class Member's account's purchase history showing the Class Member's purchase and account information. Failure to provide such information will entail the rejection of the Claim.

Please ensure to submit all supporting documentation at the same time as your Claim

Form. If you do not submit your supporting documentation at the same time as your Claim Form, please ensure that your supporting documentation indicates the First and Last Name you have provided in Part 1 – Contact Information so that the Claims Administrator can identify the documentation in support of your claim.

Acknowledgement and Certification:

By signing and dating this form below, I acknowledge that I have read the terms and conditions herein and am qualified to seek compensation under this settlement. I further attest that I have not submitted, and will not in the future submit, any other Claim Form seeking compensation from this settlement.

I am presently 18 years of age or older and was a Canadian resident during the time that I purchased one or more random-item loot boxes or am acting on behalf of a minor who purchased random-item loot boxes. I further state under penalty of perjury that the information provided above is true, complete and accurate.

Date:

Type Full Name in lieu of Signature:

If you have any questions while completing the Claim Form please contact the Claims Administrator at:

Velvet Payments Inc.
5900 Andover Avenue, Suite 1
Montreal, QC, H4T 1H5
lootbox@velvetpayments.com
1-888-770-6892

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