

CAPACITORS INDIRECT PURCHASER CASE

CLAIM FORM

GENERAL INFORMATION

The lawsuit alleges that Defendants and co-conspirators conspired to raise and fix the prices of Capacitors for more than ten years, resulting in overcharges to indirect purchasers of Capacitors. The complaint describes how the Defendants and co-conspirators allegedly violated the U.S. and state antitrust, unfair competition, and consumer protection laws by agreeing to fix prices and restrict output of Capacitors by, among other things, face-to-face meetings and other communications, customer allocation, and the use of trade associations. Defendants deny Plaintiffs' allegations. The Court has not decided who is right.

Settlements totaling approximately \$81 million have been reached with various Defendants.

The specific definition of who is included in each of the Classes for the agreements reached with each Settling Defendant are set forth in the Settlement Agreements and in the orders approving the Settlements. The Settlement Agreements, the Court's orders, and the related Complaint are accessible on the website www.capacitorsindirectcase.com.

TO BE ELIGIBLE FOR PAYMENT YOU MUST SUBMIT A VALID PROOF OF CLAIM AND RELEASE FORM NO LATER THAN FEBRUARY 18, 2022. IF YOU ALREADY SUBMITTED A CLAIM FORM IN RESPONSE TO PREVIOUS NOTICES AND YOU MADE YOUR QUALIFYING PURCHASES IN ONE OF THE RELEVANT STATES FOR PURPOSES OF THESE SETTLEMENTS, THEN YOU DO NOT NEED TO SUBMIT ANOTHER CLAIM FORM.

REQUIREMENTS FOR FILING THE ATTACHED CLAIM FORM

Your Claim will be considered only if you meet the following conditions:

1. You must accurately complete all required portions of the attached Claim Form.
2. You must sign the Claim Form, which includes the Certification. If you submit the form electronically, your electronic signature and submission of the form will have the same force and effect as if you signed the form on paper.
3. By signing and submitting the Claim Form, you are swearing under penalty of perjury that you are a Class Member and the information you provide on the Claim Form is accurate.
4. If you are submitting the Claim Form on behalf of another person or entity, indicate the capacity in which you are submitting the claim and proof of your authority to do so.
5. You have two options for completing a Proof of Claim Form:
 - i. You can mail the completed and **signed** Claim Form by mail, postmarked no later than February 18, 2022, to:

Capacitors Indirect Case
c/o A.B. Data, Ltd.
P.O. Box 173020
Milwaukee, WI 53217

OR

- ii. You can complete and submit the Claim Form using the Settlement Administrator's website, www.capacitorsindirectcase.com. Upon completion of the online Claim Form, you will receive an acknowledgement that your claim has been submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, et seq., and will have the same force and effect

as if you signed the Claim Form in hard copy.

6. Your failure to complete and submit the Claim Form postmarked or filed online by **February 18, 2022**, may prevent you from receiving any payment from these Settlements. Claims Forms must be substantially complete at the time of submission to be considered timely filed. Submission of this Claim Form does not ensure that you will share in the payments. If the Settlement Administrator disputes a material fact concerning your Claim or finds that you do not have qualifying purchase(s), you will have the right to present information in a dispute resolution process.
7. At this time, it is unknown how much each Class Member that submits a valid claim will receive. Payments will be based on a number of factors, including the number of valid claims filed by all Class Members and the dollar value of each Class Member's purchase(s) in proportion to the total claims filed. No matter how many claims are filed, no money will be returned to the Defendants once the Court finally approves the Settlements.
8. Payments to Class Members will be made only: (1) if the Court approves the Settlements and after any appeals are resolved, and (2) in accordance with the Distribution Plan to distribute the Settlement Funds minus expenses and Court-approved attorneys' fees ("Net Settlement Fund") to Class Members. The Distribution Plan, as approved by the Court, will determine the amount, if any, that each Class Member will receive. The proposed distribution plan for these Settlements is to make a *pro rata* distribution to each Class Member who purchased their qualifying capacitor(s) in a state that permits indirect purchaser antitrust claims based upon the number of approved purchases of film Capacitors per Class Member during the Settlement Class Period. The indirect purchaser states are: California, Florida, Michigan, Minnesota, Nebraska, and New York.

The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlements and will not be provided to any third party or sold for marketing purposes.

**MUST BE
POSTMARKED BY
FEBRUARY 18,
2022**

United States District Court
Northern District of California
San Francisco Division

**FOR OFFICIAL
USE ONLY**

*In re Capacitors Antitrust Litigation
All Indirect Purchaser Actions
No. 3:14-cv-03264-JD*

PROOF OF CLAIM AND RELEASE FORM

CONTACT INFORMATION:

NAME

ADDRESS LINE 1

APT

<input type="text"/>	<input type="text"/>
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ADDRESS LINE 2

CITY

STATE

ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

MOBILE PHONE NUMBER

PURCHASE INFORMATION

Please complete the boxes below providing your Capacitors purchase information during the Class Period and include supporting documentation. The supporting documentation must include the product name including the type of capacitor purchased, name of Defendant manufacturer, number of units, date of purchase, distributor purchased from, and net purchase amount. Please submit legible copies. Do not send originals, but maintain the originals in your records.

TOTAL PURCHASES FILM CAPACITORS:

Total amount of all purchases of Capacitors purchased from a capacitor distributor between January 1, 2002, and February 28, 2014.

\$

For some but not all potential Class Members and for some but not all purchases, the Settlement Administrator has received Capacitors Class Period purchase information from certain distributors. This information can be used to complete the above Purchase Information section of this Claim Form with no requirement for providing further proof of your purchase(s). It is important to note that the Settlement Administrator did not receive data from all distributors regarding purchases of Capacitors made by the Class for the entire Class Period. To determine whether there is any known Capacitors purchase information that can be used for your claim, please contact the Settlement Administrator using the contact information below and reference the "Notice ID" number that appears on the notice postcard that was mailed to you.

Capacitors Indirect Case
c/o A.B. Data, Ltd.

P.O. Box 173020
Milwaukee, WI 53217
1-866-217-4245
info@capacitorsindirectcase.com

For claimants who believe that the purchase information provided by the distributors is not correct for any reason, or who believe they purchased more in Capacitors than the amount reflected, then supporting documentation must be provided to document the full purchase amount. Documentation must include the product name, name of Defendant manufacturer, number of units, date of purchase, distributor purchased from, and net purchase amount. Please submit legible copies. Do not send originals but maintain the originals in your records.

CERTIFICATION

By signing this claim submission, I certify, under penalty of perjury, that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a Claimant, I certify that I am authorized to submit this claim submission on the behalf of the individual or entity. I am, or the individual or entity on whose behalf I am submitting this claim submission is, a member of the Class, and have/has not submitted a request to exclude myself, or “opt out of,” the Settlement. I agree to furnish additional information regarding this claim submission if requested to do so by the Settlement Administrator.

SIGNATURE

DATE

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REMINDER

Please make sure that you:

1. Complete all sections of this Claim Form and include supporting documentation where applicable;
2. Sign the Claim Form; and
3. Submit your Claim Form by mail postmarked no later than **February 18, 2022**, to:

**Capacitors Indirect Case
c/o A.B. Data, Ltd.
P.O. Box 173020
Milwaukee, WI 53217**