

**Must be Submitted
No Later Than
11:59 PM (Eastern time)
on March 16, 2022**

**CannTrust Securities Settlements
c/o Epiq Class Action Services Canada Inc.
info@CannTrustSecuritiesSettlement.ca
P.O. Box 507 STN B
Ottawa ON K1P 5P6**

Claim Number (for Internal Purposes Only):

SECURITIES CLAIMANT PROOF OF CLAIM AND RELEASE FORM

If you purchased or otherwise acquired the common stock of CannTrust Holdings Inc. (“CannTrust”) during the period from June 1, 2018 through September 17, 2019, inclusive (“Class Period”), you may be entitled to share in certain settlement proceeds.

Please note, your rights under the *Personal Information Protection and Electronic Documents Act* (PIPEDA) require private-sector organizations, such as Epiq Class Action Services Canada Inc. (“Epiq”), the Claims Administrator, to seek your consent to collect, use and disclose your personal information only for the purposes that are stated and reasonable.

To that end, we will collect, use or disclose your personal information in accordance with our privacy notice to determine whether you are an eligible claimant in the Settlements. We may share your personal information with our affiliated and third-party Canadian based companies, and the Courts and counsel in the Actions, in accordance with our privacy notice for purposes of determining your eligibility to receive a payment from the Settlements. For more information concerning our collection, use or disclosure of your personal information, please review our privacy notice available at <https://www.epiqglobal.com/en-us/privacy-statement>.

Unless otherwise provided by Canadian federal or provincial law, you may withdraw your consent at any time and such withdrawal shall be effective upon receipt by the Claims Administrator, but will not have any effect on actions taken by the Claims Administrator before it receives such revocation. If you choose to withdraw your consent, the Claims Administrator may be unable to determine your eligibility to receive a payment from the Settlements.

<u>TABLE OF CONTENTS</u>	<u>PAGE NO.</u>
SECTION I - GENERAL INSTRUCTIONS.....	2-3
SECTION II - CLAIMANT IDENTIFICATION.....	4
SECTION III - SCHEDULE OF TRANSACTIONS IN CANNTRUST COMMON STOCK.....	5-6
SECTION IV - ACKNOWLEDGEMENTS.....	7

Visit www.CannTrustSecuritiesSettlement.ca

Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0

SECTION I – GENERAL INSTRUCTIONS

- A.** Eligible Securities Claimants who wish to obtain payment pursuant to the Settlements of the Actions and all other Securities Claims against CannTrust, and related claims against others, including in the class actions styled *Hrusa et al. v. CannTrust Holdings Inc. et al.*, Court File No. CV-19-00623567-00CP (ONSC) and *In Re: CannTrust Holdings Inc. Sec. Litig.*, No. 1:19-cv-06396-JPO (S.D.N.Y.), must complete and, on page 7 below, sign this Securities Claimant Proof of Claim and Release Form (“**Claim Form**”). If you fail to submit a timely and properly addressed (as explained in paragraph E below) Claim Form, your claim may be rejected and you may not receive any recovery from the Class Compensation Fund created in connection with the above-referenced proceedings.
- B.** All capitalized terms used in this Claim Form that are not otherwise defined below have the meanings given in the plan of compromise, arrangement and reorganization of the CannTrust Group pursuant to the Companies’ Creditors Arrangement Act (Canada) (the “**CCAA Plan**”), the settlement agreements entered into in the above-referenced proceedings (collectively, with the CCAA Plan and the related CCAA Sanction Order, the “**Settlements**”), or the Allocation and Distribution Scheme (“**A&DS**”), each of which are available at www.CannTrustSecuritiesSettlement.ca.
- C. Submission of this Claim Form, however, does not assure that you will share in the Class Compensation Fund.** A Securities Claimant must have a “Recognized Claim” in order to be eligible to receive a payment from the Class Compensation Fund. A Securities Claimant that has not suffered a Recognized Claim, as calculated under the Allocation and Distribution Scheme, will not be entitled to receive any portion of the Class Compensation Fund.
- D.** This Claim Form is directed to Securities Claimants who purchased or otherwise acquired the common stock of CannTrust during the period from June 1, 2018 through September 17, 2019, inclusive. Purchases after September 17, 2019 are not eligible for a recovery from the Class Compensation Fund because they were made after the full truth about CannTrust was allegedly disclosed to the market.
- E. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.CANNTRUSTSECURITIESSETTLEMENT.CA OR BE EMAILED TO INFO@CANNTRUSTSECURITIESSETTLEMENT.CA NO LATER THAN MARCH 16, 2022 OR, IF MAILED, BE POSTMARKED NO LATER THAN MARCH 16, 2022, ADDRESSED AS FOLLOWS:**
- CannTrust Securities Settlements
c/o Epiq Class Action Services Canada Inc.
P.O. Box 507 STN B
Ottawa ON K1P 5P6
- F.** If you are a Securities Claimant, you are bound by and subject to the terms of the CCAA Plan, the related CCAA Sanction Order and any judgment or order entered in the Actions, including the releases provided for therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**
- G.** If you purchased or otherwise acquired CannTrust common stock and held the stock in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired CannTrust common stock through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.
- H.** Use **Section II** of this form entitled “Claimant Identification” to identify each beneficial owner of the CannTrust common stock that is the subject of this Claim Form. **THIS CLAIM FORM MUST BE SUBMITTED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.** All joint beneficial owners must sign this claim.
- I.** Separate Claim Forms should be submitted for each legal entity that is a claimant (e.g., a claim for joint owners should not include the transactions of just one of the joint owners, and an individual should not combine his or her RRSP or IRA transactions with transactions made solely in the individual’s name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that legal entity on one Claim Form, no matter how many separate accounts that legal entity has (e.g., an individual with multiple accounts should include all transactions made in all accounts on one Claim Form).

SECTION I – GENERAL INSTRUCTIONS (CONTINUED)

- J.** Executors, administrators, guardians, conservators, and trustees must complete and sign this Claim Form on behalf of persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. The telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.
- K.** Use **Section III** of this form entitled “Schedule of Transactions in CannTrust Common Stock” to supply all required details of your transaction(s) in CannTrust common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. On the schedules, provide all of the requested information with respect to your holdings, purchases/acquisitions, and sales of CannTrust common stock, whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.
- L.** The date of covering a “short sale” is deemed to be the date of purchase of CannTrust common stock. The date of a “short sale” is deemed to be the date of sale.
- M.** **You are required to submit genuine and sufficient documentation** for all of your transaction(s) in and holdings of CannTrust common stock, as requested in Section III of this Claim Form. Documentation may consist of copies of broker confirmation slips, broker account statements or an authorized statement from your broker containing the transactional information found in a broker confirmation slip. The Parties do not have information about your transactions in CannTrust common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR COULD RESULT IN REJECTION OF YOUR CLAIM. Please keep a copy of all documents that you send to the Claims Administrator, do not send original documents.**
- N. NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. (This is different than the online claim portal on the settlement website.) To obtain the mandatory electronic filing requirements and file layout, please visit the website **www.CannTrustSecuritiesSettlement.ca** or you may email the Claims Administrator’s electronic filing department at **info@CannTrustSecuritiesSettlement.ca**. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file containing your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email.
- O. If you are a nominee (institution) submitting a claim on your own behalf or on behalf of other beneficial owners, or a claim preparer** submitting on behalf of beneficial owners, you **must** also provide the following five (5) documents:
- a. One (1) “Master” Claim Form
 - b. One (1) Signature Verification Document
 - c. One (1) Data Verification Document
 - d. One (1) Authorization Document (if filing on behalf of clients or customers)
 - e. One (1) Excel Spreadsheet Containing Transactions and Holdings
- P.** When filling out this Claim Form, type or print in the boxes below in CAPITAL LETTERS; do not use red ink, pencil or staples. If you have questions concerning the Claim Form, or need additional copies of the Claim Form, you may contact the Claims Administrator, using the above contact information or by toll-free phone at **1-833-871-5359**, or you may download the documents from **www.CannTrustSecuritiesSettlement.ca**.

SECTION II – CLAIMANT IDENTIFICATION

The Claims Administrator will use this information for all communications.

If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner’s Name(s) (as you would like the name(s) to appear on the payment, if eligible for one)
[Grid for name entry]

Joint Beneficial Owner’s Name(s) (as you would like the name(s) to appear on the payment, if eligible for one)
[Grid for name entry]

Entity Name (if claimant is not an individual)
[Grid for name entry]

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)
[Grid for name entry]

Address1 (street name and number)
[Grid for address entry]

Address2 (apartment, unit, or box number)
[Grid for address entry]

City [Grid for city entry] **ZIP/Postal Code** [Grid for ZIP entry]

Province/Territory/State [Grid for province entry] **Country** [Grid for country entry]

Telephone Number (home) [Grid for home number] **Telephone Number (work)** [Grid for work number]

Email address (By providing an email address you authorize the Claims Administrator to use it in providing you with information relevant to this claim and the Settlements.)
[Grid for email address entry]

Account Number(s) (list all relating to this claim)
[Grid for account numbers entry]

Claimant Account Type (check appropriate box):

- Individual (includes joint owner accounts)
- Pension Plan
- IRA/401K
- Corporation
- Estate
- RRSP/RRIF/RESP
- Trust
- Other _____ (please specify)

SECTION III – SCHEDULE OF TRANSACTIONS IN CANNTRUST COMMON STOCK

1. BEGINNING HOLDINGS – State the total number of shares of CannTrust common stock held as of the opening of trading on June 1, 2018. If none, write “0” or “Zero.”

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(Must submit documentation.)

PRIMARY MARKET TRANSACTIONS (excluding shares purchased on a secondary market exchange from Section III.3)

2. PURCHASES/ACQUISITIONS OF SHARES IN MAY 2019 OFFERING – Separately list each and every purchase/acquisition of CannTrust common stock pursuant or traceable to CannTrust’s May 6, 2019 Secondary Offering. **(Must submit documentation.)**

Trade Date(s) List Chronologically (MM/DD/YY)	Number of Shares Purchased or Acquired	Price Per Share (\$)	Total Purchase Price (\$) (excluding taxes, commissions, and fees)	Currency Type CAD/USD/EUR/ GBP
_ / _ / _	_ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ . _	_ _
_ / _ / _	_ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ . _	_ _
_ / _ / _	_ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ . _	_ _

SECONDARY MARKET TRANSACTIONS (excluding primary market purchases from Section III.2)

3. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD – Separately list each and every purchase/acquisition of CannTrust common stock on the secondary market from after the opening of trading on June 1, 2018 through and including the close of trading on September 17, 2019. **(Must submit documentation.)**

Trade Date(s) List Chronologically (MM/DD/YY)	Number of Shares Purchased or Acquired	Price Per Share (\$)	Total Purchase Price (\$) (excluding taxes, commissions, and fees)	Currency Type CAD/USD/EUR/ GBP	Transaction Type (P/R) *
_ / _ / _	_ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ . _	_ _	_
_ / _ / _	_ _ _ _ _ _ _	_ _ _ . _	_ _ _ _ _ _ _ . _	_ _	_
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* P=Purchase, R=Free Receipt (transfer in)

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX**

SECTION III – SCHEDULE OF TRANSACTIONS IN CANTRUST COMMON STOCK (CONTINUED)

4. PURCHASES/ACQUISITIONS AFTER CLASS PERIOD – State the total number of shares of CannTrust common stock purchased/acquired from after the opening of trading on September 18, 2019 through and including the close of trading on March 5, 2021.¹ **(Must submit documentation.)**

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5. SALES – Separately list each and every sale/disposition of CannTrust common stock from after the opening of trading on June 1, 2018 through and including the close of trading on March 5, 2021. **(Must submit documentation.)**

Trade Date(s) List Chronologically (MM/DD/YY)	Number of Shares Sold or Disposed of	Price Per Share (\$)	Total Sale Price (\$) (excluding taxes, commissions, and fees)	Currency Type CAD/USD/EUR/ GBP	Transaction Type (S/D) *
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
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* S=Sale, D=Delivery (transfer out)

6. ENDING HOLDINGS – State the total number of shares of CannTrust common stock held as of the close of trading on March 5, 2021. If none, write “0” or “Zero.” **(Must submit documentation.)**

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**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX**

¹ Information requested on this Claim Form with respect to your purchases after the opening of trading on September 18, 2019 through and including the close of trading on March 5, 2021 is needed in order for the Claims Administrator to confirm that you have reported all transactions. Purchases/acquisitions during this period, however, are not eligible for a recovery because such purchases/acquisitions were made after the alleged wrongdoing was allegedly fully disclosed. They will not be used for purposes of calculating your Recognized Claim pursuant to the A&DS.

SECTION IV – ACKNOWLEDGEMENTS

YOU MUST READ THE ACKNOWLEDGEMENTS BELOW AND SIGN

By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that:

I (We) submit this Claim Form under the terms of the Allocation and Distribution Scheme (A&DS) governing the distribution of the Class Compensation Fund to Securities Claimants.

I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in CannTrust common stock, if required to do so.

I (We) have not submitted any other claim covering the same transactions in CannTrust common stock and know of no other person having done so on my (our) behalf.

I (We) hereby warrant and represent that I am (we are) a Class Member, as defined in the A&DS, and are not an Excluded Person, as defined in the A&DS.

I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter relating to my investments in CannTrust or any other part or portion thereof.

I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales of CannTrust common stock that occurred during the relevant periods and the number of shares held by me (us), to the extent requested.

The A&DS is available at www.CannTrustSecuritiesSettlement.ca.

I (WE) DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOREGOING INFORMATION SUPPLIED BY THE UNDERSIGNED IS TRUE AND CORRECT.

Executed this _____ day of _____, _____.

Signature of Claimant

Type or print name of Claimant

Signature of Joint Claimant, if any

Type or print name of Joint Claimant

Important: If claimant is other than an individual, or is not the person completing this form, the following MUST also be provided:

Signature of person signing on behalf of Claimant

Type or print name of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

Proof of Authority to file is attached to this Claim Form <input type="checkbox"/> YES <input type="checkbox"/> NO
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REMINDER CHECKLIST:

1. Please sign this Claim Form.
2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
3. Attach only copies of supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email, within 60 days. **Your claim is not deemed submitted until you receive an acknowledgment postcard or email.** If you do not receive an acknowledgment within 60 days, please call the Claims Administrator toll free at **1-833-871-5359**.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.