

SCHEDULE “A” – TEMPLATE CORPORATE AUTHORIZATION

This Schedule is to be completed only if the Claim is being submitted by a corporation.

Contact information for individual completing this authorization:

Name:	
Title/Position:	
Address:	
Email:	
Phone:	

_____ [*name of Settlement Class Member*]
authorizes _____ [*name of representative*], who
holds the position of _____ [*title/position of the
representative*] within the corporation, to file a Claim in the Hino Trucks Canadian Settlement
distribution on behalf of the corporation.

_____ [*name of Settlement Class Member*]
understands that all communications relating to the Claim will be directed towards the
authorized representative.

DATED at _____ [name of city], in the Province of
_____, this ____ day of _____, 2025.

Name

Signature

I have the authority to bind the corporation