

**SCHEDULE “B” - TEMPLATE AUTHORIZATION FOR CLAIMS FILED BY A REPRESENTATIVE (INCLUDING A THIRD-PARTY CLAIMS SERVICE OR LAWYER OF THEIR OWN CHOOSING) ON BEHALF OF A SETTLEMENT CLASS MEMBER**

Contact information for individual completing this authorization:

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

I, \_\_\_\_\_, [*name of Settlement Class Member*] authorize \_\_\_\_\_ [*name of representative*] to file a Claim in the Hino Trucks Canadian Settlement distribution on my behalf.

I understand that the claims filing process was designed to enable Settlement Class Members to file Claims without the assistance of an agent and that any Settlement Class Member can contact the Claims Administrator at no charge to ask questions about the claims filing process.

I have reviewed the information to be submitted by my representative as part of the Claim Form. I understand that my representative will be claiming for \_\_\_\_\_ Settlement Class Truck(s). I can attest based on personal knowledge that the information to be submitted by the representative accurately reflects my records.

I understand that all communications relating to the Claim will be directed towards my representative and that any resulting payment will be issued to my representative.

DATED at \_\_\_\_\_ [*name of city*], in the Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

If the Claimant is a corporation, I have the authority to bind it.