

Official
Office
Use
Only

APHRIA INC. SECURITIES LITIGATION

Must Be Postmarked (if Mailed)
or Received (if Submitted Online)
No Later Than **TBD**

CLAIM FORM

APHQ

Please Type or Print in the Boxes Below
Must use Black or Blue Ink or your claim
may be deemed deficient.

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address on page six. Complete names of all persons and entities must be provided.

PART I. CLAIMANT IDENTIFICATION

Last Name

M.I.

First Name

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

Entity Name (Beneficial Owner - If Claimant is not an Individual)

Representative or Custodian Name (if Claim is not submitted by Beneficial Owner(s))

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Telephone Number (Primary Daytime)

Telephone Number (Alternate)

Email Address

MAILING INFORMATION

Address

Address (cont.)

City

Prov

Postal Code

Foreign Province/State

Foreign Postal Code

Foreign Country Name/Abbreviation

FOR CLAIMS
PROCESSING
ONLY

OB

CB

☐ ATP
☐ KE
☐ ICI

☐ BE
☐ DR
☐ EM

☐ FL
☐ ME
☐ ND

☐ OP
☐ RE
☐ SH

MM / DD / YYYY

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ONLY

PART II. SCHEDULE OF TRANSACTIONS IN APHRIA COMMON SHARES

- 1. BEGINNING HOLDINGS** – State the total number of Aphria common shares held as of the close of trading on January 28, 2018.
If none, write “0” or “Zero.” (Must submit documentation.)

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Proof Enclosed? ☐ Y ☐ N

- 2. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD** – Separately list each and every purchase and acquisition of Aphria common shares from 7:00 a.m. ET January 29, 2018 through 8:25 a.m. ET December 3, 2018. (Must submit documentation.)

PURCHASES											
Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)								Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding any fees, commissions, and taxes)	Confirm Proof of Purchase/ Acquisition Enclosed
M	M	D	D	Y	Y	Y	Y				
		/		/					\$		<input type="radio"/> Y
		/		/					\$		<input type="radio"/> N
		/		/					\$		<input type="radio"/> Y
		/		/					\$		<input type="radio"/> N
		/		/					\$		<input type="radio"/> Y
		/		/					\$		<input type="radio"/> N

- 3. PURCHASES/ACQUISITIONS DURING ADDITIONAL PERIOD** –

State the total number of shares of Aphria purchased/acquired from after the close of trading on December 3, 2018 through May 4, 2021.¹ (Must submit documentation.)

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Proof Enclosed? ☐ Y ☐ N

- 4. SALES DURING THE CLASS PERIOD AND DURING THE ADDITIONAL PERIOD** – Separately list each and every sale of Aphria common shares from 7:00 a.m. ET January 29, 2018 through the close of trading on May 4, 2021. (Must submit documentation.)

SALES											
Date of Sale (List Chronologically) (Month/Day/Year)								Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
M	M	D	D	Y	Y	Y	Y				
		/		/					\$		<input type="radio"/> Y
		/		/					\$		<input type="radio"/> N
		/		/					\$		<input type="radio"/> Y
		/		/					\$		<input type="radio"/> N
		/		/					\$		<input type="radio"/> Y
		/		/					\$		<input type="radio"/> N

- 5. ENDING HOLDINGS** – State the total number of shares of Aphria held as of the close of trading on May 4, 2018. If none, write “0” or “Zero.” (Must submit documentation.)

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Proof Enclosed? ☐ Y ☐ N

- ☐ **IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE, WRITE YOUR NAME, AND FILL IN THIS CIRCLE.**

¹ Information requested in this Claim Form with respect to your purchases/acquisitions on December 3, 2018 through and including May 4, 2021 is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases/acquisitions during this period are not eligible for a recovery because they are outside the Class Period and will not be used for purposes of calculating your Notional Entitlement pursuant to the Distribution Protocol.



PART III. DECLARATION

YOU MUST READ AND SIGN THE RELEASE BELOW.

FAILURE TO SIGN MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

1. I (we) declare that the information on this Claim Form is true, correct and complete to the best of my (our) knowledge, information and belief.
2. I (we) declare that I (we) have disclosed all of my (our) holdings and purchase and sales transactions in Shares for the time periods required by this Claim Form.
3. I (we) also declare that I (we) am (are) not an Excluded Person(s) as defined in the General Instructions.
4. I (we) acknowledge and agree that the Claims Administrator may disclose all information relating to my (our) claim to the Courts and counsel to the parties in the Actions, as may be necessary.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Province/Country)

Signature of Claimant

Print Claimant Name Here

Signature of Joint Claimant (if any)

Print Name of Joint Claimant (if any)

Signature of person signing on behalf of Claimant

Print Name of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of Claimant.)



ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above release and acknowledgement.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to:
Aphria Securities Litigation
c/o Verita Global, LLC
P.O. Box 3355
London, ON N6A 4K3
www.AphriaSettlement.com
1-888-700-9930
8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation. Must use Black or Blue Ink or your claim may be deemed deficient.

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED NO LATER THAN **TBD, ADDRESSED AS FOLLOWS:**

Aphria Securities Litigation
c/o Verita Global, LLC
P.O. Box 3355
London, ON N6A 4K3
www.AphriaSettlement.com



Aphria Securities
c/o Verita Global, LLC
info@aphriasettlement.com
P.O. Box 3355
London, ON N6A 4K3

CLAIM FORM

A. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the class action entitled *Aphria Inc. Securities Litigation*, you must complete and, on page 5 below, sign this Claim Form. If you fail to submit a timely and properly addressed (as explained in paragraph 2 below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Settlement Amount created in connection with this matter. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement.

2. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.APHRIASETTLEMENT.COM NO LATER THAN **TBD** OR, IF MAILED, BE POSTMARKED OR RECEIVED NO LATER THAN **TBD**, ADDRESSED AS FOLLOWS:**

Aphria Securities Litigation
c/o Verita Global, LLC
P.O. Box 3355
London, ON N6A 4K3

B. CLAIMANT IDENTIFICATION

3. If you acquired common shares of Aphria Inc. during the period from and including, 07:00 a.m. (ET) on January 29, 2018 until 08:25 a.m. (ET) December 3, 2018, and held those shares through the close of trading on March 22, 2018 and/or the opening of trading on December 3, 2018, you may be eligible for a recovery from the Settlement. If you held the shares in your name, you are the beneficial purchaser as well as the record purchaser. However, if you acquired Aphria common shares through a third party, such as a brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

4. Use **Part I** of this form entitled "Claimant Identification" to identify each beneficial owner of Aphria common shares whose ownership forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S).** All joint owners must sign this claim.

5. Executors, administrators, guardians, conservators, custodians, trustees, and legal representatives 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. Failure to provide the foregoing information could delay verification of the claim or result in rejection of the claim.

C. IDENTIFICATION OF TRANSACTIONS

6. Use **Part II** of this form entitled "Schedule of Transactions in Aphria Common Shares" to supply all required details of your transaction(s) in Aphria common shares. 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.

7. On the schedules, provide all of the requested information with respect to your purchases, acquisitions, sales, and holdings of Aphria common shares, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim. **THE CLAIMS ADMINISTRATOR AND THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN APHRIA COMMON SHARES.**

8. Copies of broker confirmations or other documentation of your transactions in Aphria common shares must be submitted with your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

9. **NOTICE REGARDING ELECTRONIC FILING:** Certain Claimants with large numbers of transactions may request, either personally or through a legal representative, to submit information regarding their transactions in electronic files. This is different than submitting your claim online using the Settlement website. All such Claimants **MUST** also submit a manually signed paper Claim Form, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-888-700-9930 or edata@veritaglobal.com to obtain the required file layout. The Claims Administrator may also request that Claimants with a large number of transactions file their claims electronically. **No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.**