

# CLAIM AND RELEASE FORM

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

*IN RE: SAKS INC. SHAREHOLDER LITIGATION*

Index No. 652724/2013

IAS Part 53

Hon. Andrew Borrok, J.S.C.

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## A. GENERAL INSTRUCTIONS

If you held shares of common stock of Saks Inc. (“Saks”) between July 29, 2013, the date that Saks and Hudson’s Bay Company (“HBC”) announced their entry into a definitive merger agreement, through November 4, 2013, the date of the consummation of the acquisition of Saks by HBC (the “Merger”), you are a Class Member, and you may be entitled to share in the proceeds of the Settlement. Excluded from the Class are Defendants, Saks and HBC (the “Companies”), any person, firm, trust, corporation or other entity related to or affiliated with any of the Defendants, Defendants’ Counsel, and the Companies’ Counsel (collectively, “Excluded Persons”); provided, however, that any Investment Vehicle shall not be excluded from the Class.<sup>1</sup>

If you are an Excluded Person, or if you have filed a request for exclusion from the Class (“Request for Exclusion”), you are not a Class Member, you are not eligible for any Settlement benefits, and you MAY NOT submit this form.

Only “Eligible Class Members” are eligible to receive a distribution from the Settlement. Eligible Class Members means Class Members (other than Excluded Persons and any putative Class Members who have delivered a timely and valid Request for Exclusion) who held shares of Saks common stock at the closing of the Merger and therefore received or were entitled to receive the Merger consideration for their Eligible Shares.

If you are an Eligible Class Member and wish to receive a distribution from the Settlement, you must complete and submit this Claim and Release Form (“Claim Form”). Alternatively, you may complete and submit the Electronic Claim Form that the Settlement Administrator has made available on the website for the Settlement (at [www.SaksSecuritiesSettlement.com](http://www.SaksSecuritiesSettlement.com)). If you do not complete and submit either this Claim Form or the Electronic Claim Form, you will not be eligible to receive a distribution from the Settlement.

This Claim Form must contain the name, address, and taxpayer identification number (“TIN”) of the Eligible Class Member(s) seeking to receive a distribution from the Settlement (the “Claimant”). The TIN, consisting of a valid Social Security number (“SSN”) for individuals or valid employer identification number (“EIN”) for business entities, trusts, estates, etc., and the telephone number of the Claimant may be used by the Settlement Administrator for purposes of verifying this claim. This information is required.

You must sign the Claim Form in the space provided below in order to make a valid claim. You must also provide the quantity of shares of Saks common stock owned by the Claimant at the closing of the Merger. If the shares were held in certificate form, you must provide the stock certificate numbers as well as confirmation from the transfer agent that the shares were surrendered in connection with the Merger. If the shares were held by a bank, broker, or other nominee (as opposed to in certificate form), you must provide the Eligible Class Member’s brokerage statement for November 2013 or a letter from the bank, broker, or other nominee indicating the quantity of shares held as of November 4, 2013.

Submission of this Claim Form does not assure that you will share in the proceeds of the proposed Settlement.

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<sup>1</sup> Unless otherwise defined herein, capitalized terms have the meanings given to them in the Notice and the Stipulation and Agreement of Compromise, Settlement and Release dated November 13, 2020 (the “Stipulation”).

**PLEASE VISIT THE SETTLEMENT WEBSITE AT [WWW.SAKSSECURITIESSETTLEMENT.COM](http://WWW.SAKSSECURITIESSETTLEMENT.COM) FOR THE MOST UP TO DATE INFORMATION ABOUT THE TIME, PLACE AND MANNER OF THE SETTLEMENT HEARING WHICH YOU MAY ATTEND VIA INTERNET OR TELEPHONE.**

YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM **POSTMARKED ON OR BEFORE APRIL 5, 2021** TO THE SETTLEMENT ADMINISTRATOR AT THE FOLLOWING ADDRESS:

Saks Securities Settlement  
c/o JND Legal Administration  
P.O. Box 91062  
Seattle, WA 98111

Failure to submit your Claim Form **postmarked by April 5, 2021**, or failure to include the information required, will subject your claim to rejection and preclude you from receiving any money in connection with the Settlement. Do not mail or deliver your claim to the Court or to any of the parties or their counsel, as any such claim will be deemed not to have been submitted. Submit your claim only to the Settlement Administrator at the above address.

If you are a Class Member and you do not submit a timely Request for Exclusion, you will be bound by the Settlement stipulation and the terms of any judgment entered in the Action, whether or not you submit a Claim Form.

If you need assistance filling out this Claim Form, please contact the Settlement Administrator by phone (toll-free) at 1-833-707-1446 or by email to: [info@SaksSecuritiesSettlement.com](mailto:info@SaksSecuritiesSettlement.com). **DO NOT CALL OR WRITE THE COURT ABOUT THIS CLAIM FORM.**

## **B. REMINDER CHECKLIST**

1. Please fill out Parts I and II of the Claim Form below, containing identifying information about the Claimant(s) and the number of Saks shares held by the Claimant. Remember to attach the supporting documentation required by Part II.
2. Please carefully read Part III of the Claim Form ("Release and Certification") and sign in the space provided. If this Claim Form is being submitted on behalf of joint claimants, then both must sign.
3. Remember to attach only copies of the supporting documentation. Do not send original stock certificates or other documentation. These items cannot be returned to you by the Settlement Administrator.
4. Keep copies of the completed Claim Form and all attached documentation for your own records.
5. You will not receive confirmation of receipt of Claim Form. If confirmation is desired, please send your Claim Form by certified mail, return receipt requested.
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Settlement Administrator written notification of your new address. If you change your name, please inform the Settlement Administrator.

# PART I. CLAIMANT IDENTIFICATION

*Please type or print.*

Claimant's Name

Joint Owner's Name *(if applicable)*

Representative Name *(if different than Claimant's name identified above)*

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Foreign Province *(if applicable)*

Foreign Country *(if applicable)*

Social Security Number or Employee Identification Number

Telephone Number *(Day)*

Telephone Number *(Evening)*

Facsimile Number

E-Mail Address

Account Number *(broker account where the shares were held, if known)*

Check appropriate box (check only one box):

Individual/Sole Proprietor

Joint Owners

Pension Plan

Corporation

Partnership

Trust

IRA

Other (describe): \_\_\_\_\_

NOTE: Separate Claim Forms should be submitted for each separate person or legal entity (e.g., a claim from Joint Owners should not include separate holdings of just one of the Joint Owners, and an Individual should not combine his or her IRA holdings with holdings solely in the Individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all holdings of that entity no matter how many accounts that entity has (e.g., a Corporation holding Saks common stock across multiple brokerage accounts should include all holdings of common stock on one Claim Form).

# PART II. HOLDINGS ON NOVEMBER 4, 2013

State the number of shares of Saks common stock owned as of the closing of the Merger on November 4, 2013. Appropriate documentation must be enclosed. Appropriate documentation includes, for example: brokerage statements from November 2013, a letter from your bank, broker, or other nominee indicating the quantity of shares held as of November 4, 2013, or proof of stock certificate surrender.

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Number of Shares

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Documentation Enclosed? (Yes/No)

YOU MUST READ PART III BELOW AND SIGN IN THE SPACE PROVIDED.

## PART III. RELEASE AND CERTIFICATION

I certify that I am (we are) an Eligible Class Member or am (are) authorized to file this Claim Form on an Eligible Class Member's behalf. I (we) hereby acknowledge that upon the Effective Date of the Settlement, without further action by anyone, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, successors, Affiliates, agents, attorneys, representatives, and assigns, shall fully, finally, and forever release, settle, and discharged the Released Defendant Parties from and with respect to every one of the Release Plaintiffs' Claims (as defined in the Stipulation and the Notice), and shall be forever barred and enjoined from commencing, instituting, prosecuting, or continuing to prosecute any of the Released Plaintiffs' Claims against any of the Release Defendant Parties. I (we) also acknowledge that from and after the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, Affiliates, agents, attorneys, representatives, and assigns, covenant, promise, and agree that I (we) will not commence, institute, prosecute, continue to prosecute, or assist or participate in any way in prosecuting any claim or proceeding in any forum alleging or asserting any of the Released Plaintiffs' Claims against any of the Released Defendant Parties.

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. That I (we) have read and understand the contents of the Notice and the Claim Form;
2. That the Claimant(s) is (are) a Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. That I (we) am (are) not an Excluded Person as defined above; nor am (are) I (we) filing on behalf of an Excluded Person;
4. That I (we) owned the Saks common stock identified in this Claim Form and have not assigned any claims that I (we) may have against the Released Defendant Parties to any other person, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. That the Claimant(s) has (have) not submitted any other claim covering the same holdings of Saks common stock and knows (know) of no other person having done so on his/her/its/their behalf;
6. That the Claimant(s) submits (submit) to the jurisdiction of the Supreme Court of the State of New York, New York County (the "Court") with respect to his/her/its/their claim and for purposes of enforcing the release set forth herein and in the Stipulation;

7. That I (we) agree to furnish such additional information with respect to this Claim Form as the Settlement Administrator or the Court may require;
8. That I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of the Settlement and the Stipulation and any judgment that may be entered in the Action, including the releases and covenants set forth therein; and
9. That I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.

UNDER PENALTY OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

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Signature of Claimant

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Print Name of Claimant

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Date (MM/DD/YYYY)

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Signature of Joint Claimant (*if any*)

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Print Name of Joint Claimant (*if any*)

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Date (MM/DD/YYYY)

**If Claimant is not an individual, or is not the person completing this form, the following must also be provided:**

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Signature of Person Completing Form

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Print Name of Person Completing Form

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Date (MM/DD/YYYY)

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Capacity of Person Signing (Executor, President, Trustee, etc.)

**THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN APRIL 5, 2021  
AND MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR AT:**

Saks Securities Settlement  
c/o JND Legal Administration  
P.O. Box 91062  
Seattle, WA 98111