Claim Form must be postmarked, emailed, faxed or submittedelectronically (on-line portal: *Amayasecuritiessettlementcanada.com/portal*)by 11:59 pm on November 18, 2020

CLAIM FORM The Stars Group Inc. (formerly Amaya Inc.) Securities Litigation Class Action Settlement

Pierre Derome

v.

The Stars Group Inc., David Baazov, Daniel Y. Sebag, DivyeshGadhia, Harlan W. Goodson and Wesley K. Clark

Superior Court of Quebec: Court File Number 500-06-000785-168

Administrator:

Trilogy Class Action Services 117 Queen Street, P.O. Box 1000, Niagara-on-the-Lake, ON, Canada Tel : 1-877-400-1211 Email :<u>inquiry@trilogyclassactions.ca</u>

Website: Amayasecuritiessettlementcanada.ca

Class Members are required to complete the Claim Form and upload the supporting documentation in the online claims administration portal <u>https://amayasecuritiessettlementcanada.com/portal</u>

Please Type or Print

CLAIMANT IDENTIFICATION

The Administrator will use this information for all communications regarding your Claim Form. If this information changes, you MUST notify the Administrator in writing at the address above.

Beneficial Owner's Name (as the name(s) should appear on cheque if eligible for	
payment):	
Street Address:	
City:	
Province or State:	Postal/Zip Code:
Country:	
Telephone Number (work)	Telephone Number (home)
	Individual Corporation/Other
Email Address:	

CALCULATION OF THE DISTRIBUTION AND MAXIMUM ENTITLEMENT

The Distribution for each Authorized Claimant will be calculated by the Administrator by dividing the Compensation Fund by the total number of Eligible Securities for all Authorized Claimants to arrive at a per Eligible Securities distribution amount defined herein as the *"Pro Rata Distribution"*. Claimants must provide the information for sections A, B, C, D, E and F below, along with all supporting documents.

The Administrator will then multiply the *Pro Rata* Distribution by the number of Eligible Securities held by an Authorized Claimant to arrive at the Distribution to be paid to each Authorized Claimant.

In no event shall an Authorized Claimant receive a Distribution greater than his/her/its Maximum Entitlement as provide for in the Plan of Allocation.

Claimants must provide the following information and all supporting documents:

A. Number of Eligible Securities purchased "A"	
B. Number of Eligible Securities disposed of on or before April 6, 2016"B"	
C. The average price paid Eligible Securities (including commissions) "C"	
D. The average price received upon disposition of Eligible Securities (without deducting commissions) " D "	
E. Number of Eligible Securities not disposed of on or before April 6, 2016" E "	
F. The number of Eligible Securities disposed of after April 6, 2016"F"	

I declare under penalty of perjury and disqualification to receive payment from the Compensation Fund, under the laws of the Province of Quebec, that all of the foregoing information, documentation, calculations and identity supplied in my Claim Form Package by the undersigned is true, accurate and correct.

Executed this _____day of , in ,_____. (City) Province/State

(Signature)

Name and Position