WRITTEN OBJECTION FORM

ONLY SUBMIT THIS FORM IF YOU WISH TO OBJECT TO THE PROPOSED SETTLEMENT.

Instructions: Fill out and submit this form by mail, courier or email **ONLY IF YOU WISH TO OBJECT** to the proposed *Chun v. Vancouver Whitecaps FC L.P. et al* class action settlement in Canada.

1. OBJECTOR IDENTIFICATION

Provide the following information about the person (*i.e.*, the purchaser of the ticket to the match between the Whitecaps FC and Inter Miami CF on May 25, 2024 (the "**Match**")) submitting or, if applicable, on whose behalf you are submitting, an objection.

Last Name:		First N	First Name:				Middle Initial:	
Address:						Suite Number	:	
City:	Province:	Postal	Code:	Cou	untry:			
Phone Number:		Email	Address (if available):					
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you are objecting to the p							ormation <u>and</u> attach	
copy of your power of att	corney, court orde	r or other authoriza	tion that allows you	to represent the	nis perso	on.		
YOU ARE SUBMITTING	THIS FORM ON BE	HALE OF SOMEON	F WHO IS:				_	
TOO AIL SODITITING								
□ DECEASED	□ A MIN	OR □	OTHER REASO	N (Identify:)	
Representative's Last Name:			Representative's First Name: Repres			esentative's Relationship to Objector:		
·								
Representative's Mailing Address:				I		Suite Number	r:	
City:	Province/S	State: Posta	l Code/Zip Code:	Cou	untry:	l		
D							N (%	
Representative's Phone Numbe	r: Represent	ative's Email Address:	ess:		Representative's Law Firm Name (if applicable):			
NOTE: THIS OBJECT	ON WILL BE T	WALTO LINI ECC	STONED DEDOOR	IALLY DV TUE	E	ECTOD EV	CEDT	
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B. TICKET IDENTI	ETCATION							
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ease provide the following	g information con	cerning your purcha	ase of the ticket to th	ne Match.				
N	T	1011	1:1 = 1					
Number of tickets purchased:	Price paid for e	ach ticket: Date	on which Tickets Pu	ırchased: W	Vhether	you attend	ed the Match (y/n):	
parcilasca.								

4. I WISH TO OBJECT

6. SIGNATURE

Your Signature

Provide in the box below your oprovide your objection in an att		Chun v. Vancouver	Whitecap	os FC L.P. et	<i>al</i> class acti	on settlemen	t. You can also	
OBJECTION:								
5. SETTLEMENT APP	PROVAL HEARING	ì						
The Supreme Court of British Court of British Columbia, 80	n Columbia will hold a sett 00 Smithe Street, Vancouv	lement approval hea er, BC V6Z 2E1.	ring on F	ebruary 27	, 2026 at 1	10:00 a.m. a	t the Supreme	
Do you intend to participate			Yes		No			
If "Yes," will you be participa	ating through a lawyer?			Yes	□ No			
f you will be participating thro one lawyer represents you, ple		information for other				or your lawye	r. If more than	
Lawyer's Last Name:	Lawyer's First Name:	Lawyer's First Name:						
Lawyer's Mailing Address:					Suit	te Number:		
City:	Province:	Postal Code:		Co	ountry:			
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If you wish to object to the proposed settlement, your Written Objection Form and any attachment MUST be received on or before **January 28, 2026** by mail or courier to Simon Lin **c/o EVOLINK LAW GROUP, 4388 Still Creek Drive, Suite 237, Burnaby, British Columbia, V5C 6C6,** or by email at whitecaps-settlement@evolinklaw.com.