



THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.
INDEPENDENT ASSESSOR

SECONDARY CLASS MEMBER CLAIM FORM

I, _____,
Print full name

of _____,
Street name and number Apartment number, P.O. Box or RR#

Province/Territory

City/Village

Postal Code

being a Primary Class Member under the Settlement Agreement, hereby request that

(Print full name)

be awarded compensation as a Secondary Class Member.

I hereby affirm that _____

is my _____, and append to the present proof of the relationship
spouse, child, adoptive child
or

I hereby affirm that I am the legal representative of _____

and have signed this form for _____, a person under disability,

and append to the present proof that I am the _____.
parent, legal guardian, legal representative

I understand that eligibility for Secondary Class Member compensation to the Spouse and Children of a Primary Class Member will be determined in accordance with schedule C to the Settlement Agreement, and that payment of compensation for Secondary Class Members will be made in accordance with paragraphs 33 to 52 of Schedule B to the Settlement Agreement, with necessary modifications.



Witness Signature¹

Primary Class Member Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)

Witness Signature¹

Secondary Class Member (or guardian) Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)

¹ The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)