

SCHEDULE B – APPENDIX 2

REQUEST FOR DEADLINE EXTENSION

NOTE TO CLAIMANTS

This *Request for Deadline Extension* Form is part of the out-of-court settlement.

The RCMP and Tiller Class Action Parties agreed that potential claimants may be able to ask for an extension of time of up to 100 days after the Claim Deadline expires. The Claim Deadline is on January 12, 2021.

You have only until April 22, 2021 to ask for a deadline extension.

Potential claimants seeking extensions must be able to provide three things:

1. Exceptional reasons justifying an extension;
2. A completed Claim Form; and
3. Supporting documentation, which must be provided at the same time as this Request for Deadline Extension Form.

There will be no right to appeal or seek judicial review of the Independent Assessor's decision regarding a request for an extension.

If you have any questions regarding this Claim Form or the Independent Claims Process, please call 1-844-965-0088 or email your questions to rcmpsettlement@deloitte.ca.

AFTER COMPLETING THE EXTENSION FORM, ALSO REMEMBER TO:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy of your Claim Form for your records.

If you need to make changes to any information in your Request for Deadline Extension Form after you have sent it to the Administrator, please immediately advise the Administrator in writing of these changes. Examples of important changes include a change of address and new information about your claim.

This form must be completed and sent to the Administrator, along with any additional sheets of paper and relevant documents, as well as a photocopy of a government-issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Administrator. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter – RCMP Class Action
Office of the Administrator, c/o Deloitte
8 Adelaide Street West, Suite 200
Toronto, ON, Canada, M5H 0A9

ALL CLAIMS ARE CONFIDENTIAL.

REQUEST FOR DEADLINE EXTENSION

SECTION A – PERSONAL INFORMATION

You may check all relevant boxes that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Municipal Employee | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Regional District Employee | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Employee of a Non-Profit Organization | <input type="checkbox"/> Public service employee (not covered in Merlo/Davidson) |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Student |
| <input type="checkbox"/> Commissionaire | <input type="checkbox"/> Member of an integrated policing unit or an outside agency or policeforce |
| <input type="checkbox"/> Supernumerary Special Constable | <input type="checkbox"/> Other role while working or volunteering with the RCMP |
- (state role here: _____)

Position(s)

1 YOUR NAME

First Name(s) Last Name

Other names you are known by (for example, maiden name, nicknames)

Name while working or volunteering with the RCMP

2 YOUR MAILING ADDRESS

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

City/Village Province/Territory Postal Code

3 YOUR CONTACT INFORMATION

()
Home Phone Number

Can we leave a message at this number?
 Yes No

()
Cellular Phone Number

Can we leave a message at this number?
 Yes No

Email address

Can we send you a message at this email address?
 Yes No

What is the best way to contact you? Home Phone Cell Phone Mail Email

4 DO YOU HAVE A PERSONAL REPRESENTATIVE OR A GUARDIAN?

Yes No If you have a personal representative or a guardian, please provide the following information:

Name of personal representative or guardian

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

City/Village Province/Territory Postal Code

()
Phone Number Email

5 ARE YOU REPRESENTED BY A LAWYER?

Yes No If you have a lawyer, please provide the following information:

Name of lawyer

Street name and number Office Number

City/Village Province/Territory Postal Code

() ()
Phone Number Fax Number Email

Yes No If you have a lawyer, indicate if a Direction to Pay is included with your Claim Form
Note that if you are represented by a lawyer, all communication going forward will be through your lawyer.



SECTION B – EXCEPTIONAL CIRCUMSTANCES REQUIRING THE EXTENSION OF TIME

Please tell us why you need an extension.

Using the space provided below, please provide as much detail as possible to tell the Independent Assessor why you require an extension to participate in the claims process:

Please attach as many sheets of paper as necessary to fully answer the question.



DECLARATION

I, _____, from the City/Town/Village of _____, in the Province/Territory of _____,

SOLEMNLY DECLARE:

I understand that the Administrator or Independent Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my request for a deadline extension from third parties, including my employer, the organization for which I volunteered, or the RCMP. The Independent Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

I confirm that all of the information provided in this Request for Deadline Extension Form is true, whether made by me or on my behalf. Where someone has helped me with this Request for Deadline Extension Form, that person has read to me everything they wrote and included with this Request for Deadline Extension Form, if necessary to allow me to understand the content of this completed Request for Deadline Extension Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS REQUEST FOR DEADLINE EXTENSION FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE REQUEST FOR DEADLINE EXTENSION FORM AND ACCOMPANYING CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness Signature

(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.)

Claimant (or guardian) Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)