Request for Change of Information Form

This form should be used if you want to make any changes to your claim.

IMPORTANT – Please Read Before Completing This Form

For your protection, changes to contact information, communication preferences, lawyer information, or payment information will not be processed based only on submission of this form. Before making any such change, the Claims Administrator must verify the request using contact information already on file for the claim.

Requests to change payment information may require additional identity verification, such as government-issued identification, a direct deposit form from a financial institution, telephone verification using the number already on file, written confirmation sent to the mailing address currently on file, or other verification acceptable to the Claims Administrator.

If this request is submitted by or through a lawyer, the Claims Administrator may independently contact the claimant using contact information already on file. If the request changes lawyer information, the Claims Administrator may notify the lawyer currently on file before making the change.

The Claims Administrator may delay, decline, or request further verification of any change request if the information cannot be verified or if fraud, misdirection, or unauthorized access is suspected.

Section A – Class Member's Details

Class Member's First and Last name
***(Required)**

Class Member's Date of Birth
DD/MM/YYYY
***(Required)**

Class Member's Mailing Address
***(Required)**

Claimant Name (if different from Class Member)

Contact Method
***(Answer Required)**

☐ **Email address** (if you have one)

☐ **Phone number**

Claim Number
***(Required)**

Government Issued Photos ID Previously Submitted with Your Claim *(Required)

- ☐ Passport
- ☐ Driver's License
- ☐ Provincial or Territorial Photo Card (e.g., Ontario Photo Card)
- ☐ Certificate of Indian Status (Status Card)
- ☐ Inuit Beneficiary Card
- ☐ Health Card (Quebec Only)
- ☐ Other: _____

Section B – Updated Information

What information would you like to update? *(Required)

☐ Mailing address

☐ Telephone number

☐ Email address

☐ Payment information

☐ Preferred Method of Communication

☐ Other: _____

Section C – New Information

New Mailing Address
(Complete only if updating your address)

Current Mailing Address on file:	New Mailing Address:

New Contact Information
(Complete only if updating your contact information)

☐ New Telephone Number: _____
☐ Old Telephone Number: _____

☐ New Email Address: _____
☐ Old Email Address: _____

Preferred Method of Communication

☐ Mail
☐ Email
☐ Lawyer

New Payment Information
(Complete only if updating your payment information)

Transit Number: _____

Institution number: _____

Account Number: _____

**** Please attach an *actual copy of a voided cheque or a Direct Deposit form from your bank.*****

Other:

Claimant Confirmation

I (the Claimant) am confirming that I am requesting a change to my personal information related to my Indian Boarding Homes Program Settlement claim.

I understand that the Claims Administrator will update my claim records using the information provided on this form and will use this updated information for future communications, correspondence, and any payments that may be issued in relation to my claim.

I am solemnly affirming that the information provided on this form is accurate and complete to the best of my knowledge.

Claimant First name and Last name (Printed)
***(Required)**

Claimant Signature
***(Required)**

Signing Date
DD / MM / YYYY
***(Required)**

Section D – Lawyer Assisting with this Request

Are you receiving assistance from a lawyer with this Change of Information request? (Required)

☑ Yes – Please complete Section D.

☐ No – No further action is required.

Lawyer's First and Last Name	
Law Firm	
Telephone Number	
Email Address	

Lawyer name (Printed) (If Applicable)	**Lawyer signature (If Applicable)**

IMPORTANT: All communications between the Claims Administrator and Applicant counsel will occur through telephone. If you are unable to receive calls, please contact the Administrator at **1-888-499-1144**