

## Indian Boarding Homes Class Action

**Category 1 - Compensation for Placement in the Indian Boarding Homes Program Claim Form (Estates)**

Canada created the **Indian Boarding Homes Program** in the 1950s which removed First Nations and Inuit children from their communities and placed them in private homes for the purpose of attending school.

The **Indian Boarding Homes Class Action** provides compensation to people placed in these homes. Primary Class Members of the Indian Boarding Homes Class Action are eligible claimants. **Primary Class Members are individuals who were placed in private homes, during the period of September 1, 1951 and June 30, 1992, for the purpose of attending school**, not including placements for post-secondary education. Individuals placed after June 30, 1992, are also included if Canada was responsible for their placement.

**This form is for Primary Class Members who died on or after July 24, 2016.** The form is to be completed by the person in charge of their estate, or their highest priority heir.

If the Primary Class Member is alive and you are the Personal Representative appointed to manage their affairs, this is the wrong form. Please complete the Personal Representative Forms.

Eligible claimants may apply for two categories of compensation:

1. **Category 1** - Compensation Claim for Placement in the Indian Boarding Home Program
2. **Category 2** - Compensation Claim for Abuse

**This is an application form for a Category 1 payment. Your first step is to complete this form. You can file a Category 2 Claim for Abuse later OR at the same time as this form.**

To learn more about eligibility, relevant dates, and the class action itself, visit:

<https://boardinghomesclassaction.com/>

**IMPORTANT:**

**The claim application process has a deadline.  
Claims Deadline: February 22, 2027**

**Trigger Warning / Caution:**

Filling out the following sections of this claim form may be emotionally difficult and/or traumatic.

If counselling or emotional support is helpful, **Hope for Wellness** provides free 24/7 counselling and crisis intervention services at: **1-855-242-3310** or online at: **[www.hopeforwellness.ca](http://www.hopeforwellness.ca)**.

You can also locate mental health support services on the Indian Boarding Homes class action website at:

**<https://boardinghomesclassaction.com/resources/>**

**If you need support, there are three teams who can help you****Emotional / Mental Health Support**

Filling out this form can impact your emotional and mental health. If you need support during this process, you can locate resources on the class action website here:

**<https://boardinghomesclassaction.com/resources/>**

You can also contact the **Hope for Wellness Team** for comfort and emotional assistance.

You can reach them toll-free at: **1-855-242-3310** or online at: **[www.hopeforwellness.ca](http://www.hopeforwellness.ca)**

**Claim Application and Payment Questions**

The Claims Administrator handles claim applications and payments. They can help you with the claims process and show you how to complete the form.

You can reach the Administrator on their help line at: **1-888-499-1144**

**Class Counsel and Available Legal Advice**

If you need legal support or need help locating a lawyer to help you with the claim form, you can contact **Class Counsel** at: **1-604-874-7171** or **Quebec Class Counsel** at: **1-888-232-3778**

**BEFORE YOU BEGIN:**

1. Assemble any documents that you believe may assist you in completing this form. While not required, you may submit any documents you believe support your claim. Documents that are useful include:
  - Your photo ID (if you have one)
  - Primary Class Member proof of death
  - Documents related to applications to be a part of the Boarding Homes Program
  - Documents related to the Class Member's time in the boarding home, such as photos, letters, diaries, etc.
  - Attendance records or report cards for the school the Class Member attended while in placement
2. Please complete the form as best as you can. You can either print out the form and complete it on paper or type your responses into the provided boxes on your computer and then print the completed form.
3. Please make sure to complete all of the required questions. Questions marked with **\*(Required)** need to be answered so your form is considered complete. Answers to all other questions are optional, and if you do not want to answer them, please leave the box blank.
4. When documents need to be included with your application, please send a clear photocopy. **Please do not send original photographs, IDs, or records** as documents included with your application will not be returned to you.
5. Please make sure to keep a copy of your Claim Form and any attached documents for your personal records.

**IMPORTANT:**

This form is to apply for a **Category 1 Payment** only. **You will need to fill out a separate form to apply for a Category 2 payment.**

Applying for **Category 2** is optional, and you do not have to do so unless you want to make a claim for additional compensation.

If you would like to apply for **Category 2** you can find the form here:

<https://boardinghomesclassaction.com/claim-forms> OR you can email us or call us to request that the form be mailed to you:

- **Email:** [claims@boardinghomesclassaction.com](mailto:claims@boardinghomesclassaction.com)
- **Phone Number:** 1-888-499-1144

**Reminder:** The claims process is complex. It may take several months to process your claim after you submit your form(s). If you move, change your email address or phone number, please make sure to provide your new contact information.

If you need to **change any information, (for example, your mailing address, email, or phone number) please contact the Claims Administrator at:**

Email	Phone	Mail
<a href="mailto:claims@boardinghomesclassaction.com">claims@boardinghomesclassaction.com</a>	1-888-499-1144	<b>Attn:</b> Indian Boarding Homes Class Action  18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2

**Section A – Claimant Information**

**Are you applying for a Primary Class Member who is now deceased? *\*(Required)***

**Note:** The Class Member must have been alive on or after July 24, 2016, to be eligible.

- ☐ **Yes, and I am the Executor of the estate** – Please continue with completing the form.
- ☐ **Yes, but no Administrator / Executor / Trustee / Liquidator has been appointed** – Please continue with completing the form and fill out Section D.
- ☐ **I am a lawyer completing the form on behalf of a Primary Class Member's Estate Representative**– Please continue with completing the form and fill out Schedule B.

I am **NOT** applying for a deceased Primary Class Member, and I am **NOT** a lawyer applying for a deceased Class Member or their representative(s) - **You are using the wrong form. Please do not complete this Form.** Please use the form that best represents your relationship to the class member:

- **You are the Class Member** (Forms A1 & A2)
- **You are the Personal Representative of a Primary Class Member who is appointed to manage their affairs** (Forms B1 & B2)

**IMPORTANT:** If you have the wrong form, you can locate the correct form on the **website:**

<https://boardinghomesclassaction.com/claim-forms/>

You can also email us or call us to request that the form be mailed to you:

**Email:** [claims@boardinghomesclassaction.com](mailto:claims@boardinghomesclassaction.com)

**Phone Number:** 1-888-499-1144

**Class Member's  
first name**

***\*(Required)***

**Class Member's  
last name**

***\*(Required)***

**Class Member's  
middle name(s)  
(if applicable)**

**Class Member's name  
before marriage  
(if applicable)**

**Class Member's  
other / traditional /  
pre-adoption name(s)  
that they are now  
known by, or were  
known by in the past  
(if applicable)**

**Class Member's  
date of birth  
DD/MM/YYYY  
\*(Required)**

**Class Member's  
date of death  
DD/MM/YYYY  
\*(Required)**

**Class Member's  
Social Insurance  
Number #  
(if applicable)**

**For First Nations Class Members:****Please provide the information below to the best of your ability. *\*(Required)*****Class Member's Indian  
status card #  
(if applicable)****Class Member's band  
name  
(if applicable)****If you cannot provide the  
Class Member's Indian  
status card number or  
band name, please  
explain why****For Inuit Class Members:****Please provide the information below to the best of your ability. *\*(Required)*****Class Member's disc #  
(if applicable)****Class Member's  
beneficiary #  
(if applicable)**

If you cannot provide the Class Member's disc number or beneficiary number, please explain why

Please include proof of death of the Class Member. **\*(Required)**

☐ **Yes** – I have included a photocopy of the proof of death.

**Note:** Please **DO NOT** include the original documents.

What is considered "proof of death"?

- Statement of Death issued by a funeral home
- Death certificate issued by the province or territory where the death occurred
- Declaratory judgment of death issued by a court

Please complete the section below with your information as the Applicant for the deceased Class Member.

Applicant  
first name  
**\*(Required)**

Applicant  
last name  
**\*(Required)**

Applicant  
middle name(s)  
(if applicable)



Please provide your (the Applicant's) current mailing address OR  
an address where you can receive mail.

Street name and  
number or post  
office box  
**\*(Required)**

Apartment or unit  
number  
(if applicable)

City / town /  
village / First  
Nation or reserve  
**\*(Required)**

Province /  
territory  
**\*(Required)**

Country  
**\*(Required)**

Postal code  
**\*(Required)**

**Please provide your (the Applicant's) contact information.**  
**If you do not have contact information, we will send messages to you using the mailing address you provided above.**

**Home phone**

**Cell phone**

**Email address**

**Preferred communication method?**

- ☐ Email (Please ensure that you have included your email address above)
- ☐ Mail
- ☐ A lawyer is completing this form for me, and I want to be contacted through the lawyer

**Do you (the Applicant) have a valid government issued ID with a photo? *\*(Answer Required)***

- ☐ **Yes** – If you have a valid government issued photo ID, please include a **photocopy of the front and back of the ID with your application. DO NOT include the original ID with your application.**
- ☐ **No** – If you **do not** have a valid government issued photo ID, please complete the **statutory declaration found in Schedule A of this Form for yourself.**

**What are “Valid Government Issued Photo IDs”?**

- Passport
- Driver's License
- Provincial and Territorial Photocards (for example, Ontario Photo Card)
- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Health Card (Quebec Only)

**Was an Estate Executor / Trustee / Liquidator / Administrator appointed to manage the Primary Class Member's estate? **\*(Required)****

- ☐ **Yes** – Please include a **photocopy of your proof of appointment as Estate Executor / Trustee / Liquidator / Administrator with your application. DO NOT include the original documents. You DO NOT have to complete Section D of this form.**
- ☐ **No** – Please complete **Section D of this form**

**What is considered “proof of appointment as an Estate Executor”?**

- Certificate of appointment as Executor / Estate Trustee / Liquidator
- Appointment of Administrator / Executor by Indigenous Services Canada
- Notarized will with proof of will search (Quebec only)

**Section B – Payment Information****What is your preferred method of receiving payment?**

- ☐ Cheque to the Estate of the deceased Class Member
- ☐ Direct deposit to the account of the Estate of the deceased Class Member
- ☐ Cheque to the Highest Priority Heir (**Note:** Please complete Section D)
- ☐ Direct deposit to the account of the Highest Priority Heir (**Note:** Please complete Section D)

**IMPORTANT for those eligible:**

Compensation payments by cheque will be mailed to the address provided in Section A. If you have not selected a payment method, a cheque will be sent to the mailing address provided in Section A.

Please complete this section only if you chose **direct deposit** as your payment preference.

**Bank Account Information****Transit number****Institution number****Account number**



<b>CHEQUE</b> (Canadian \$)			
<b>NAME OF CANADIAN BANK</b>			
<b>Bank Branch</b>			
<b>Bank Location</b>			
001	55555	333	123456789 123

↓                      ↓                      ↘

55555 (5 digits)      333 (3 digits)      123456789 123 (7-12 digits)

Transit Number      Institution Number      Account Number

**IMPORTANT for those eligible:**

To receive your payment by direct deposit, **please include a copy of a void cheque or direct deposit form with your application.** You can request a direct deposit form by visiting a customer service representative at your bank, or through online banking.

The Estate of the deceased Class Member or the Highest Priority Heir if there is no Estate Executor must be named as **owner of the account** on the void cheque or direct deposit form.

**Section C – Category 1 Questions**

To be eligible for compensation, the Class Member must have been placed in a private home for the purpose of attending school as part of the Indian Boarding Homes Program between **September 1, 1951 - June 30, 1992**.

If the Class Member was placed **after June 30, 1992**, they are eligible for compensation if you can establish that the Government of Canada was responsible for their placement.

**Please give as much information as you can provide.**

1. Was the Class Member placed in a private home for the purpose of going to school? **\*(Required)**

☐ Yes☐ No

2. First year of placement OR age / grade in the first year of placement  
**\*(Required)**

3. Last year of placement OR age / grade in the last year of placement  
**\*(Required)**

**4. Please provide the information requested in the chart to the best of your ability.**

**If you need more space, list all the private homes the Class Member was placed in on a separate sheet of paper. Be sure to submit it with your application.**

	Location of private home		Time period at home placement (Years or Ages) <b>*(Required)</b>	Names of other children placed at the home with the Class Member (If known)	Name(s) of the home parent(s) (If known)
	City / town / village/ First Nation or reserve <b>* (Required)</b>	Province or territory			
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					



## Section C – Category 1 Questions (Continued)

5. In the chart below please provide the names of the schools the Class Member attended while in the Indian Boarding Homes Program and the years they attended if you can. If you remember whether the school was elementary, junior high or high school, please indicate it.

If you need more space, list all schools the Class Member attended during their placements on a separate sheet of paper. Be sure to submit it with your application.

	School name	Time period (Years or ages)
1		
2		
3		
4		
5		
6		
7		





## Section D – Estate Representative Without an Executor

Only fill out this section if the Primary Class Member passed away and an Administrator / Executor / Trustee/ Liquidator was **not** appointed for this estate. This information is necessary so the claim on behalf of the Class Member can be assessed. If an Administrator/ Executor / Trustee / Liquidator was not appointed to handle the estate, only the highest priority living heir can apply. The priority of heirs is determined by identifying the living heir with the highest priority based on the list in question 2 below.

**1. Did the Primary Class Member have a will OR is there a court order / Grant of Administration from a Court or Indigenous and Northern Affairs Canada ("INAC") / Crown-Indigenous Relations and Northern Affairs Canada ("CIRNAC") / Indigenous Services Canada ("ISC") that names an Estate Administrator / Executor / Trustee / or Liquidator? *\*(Required)***

- ☐ **Yes** - If yes, please disregard this section and proceed to Section E
- ☐ **No** - By selecting No, you declare that to the best of your knowledge and belief, that the deceased Class Member named in this form did not have a will at the time of their death, and that no Executor / Trustee / Administrator / Liquidator had been appointed by a Provincial / Territorial Court, a Designation by the Heirs (in Quebec), or an appointment from INAC / CIRNAC / ISC for the estate of the deceased Class Member named in this Claim Form.

**2. How are you related to the deceased Class Member? *\*(Required)* (In order of priority)**

**I am the Class Member's:**

- ☐ 1. Surviving spouse or common-law partner (husband / wife)
- ☐ 2. Child
- ☐ 3. Grandchild
- ☐ 4. Parent
- ☐ 5. Sibling (brother or sister)
- ☐ 6. Sibling's child (niece or nephew)

**3. Do you (the Applicant) have evidence of your relationship to the Class Member? \*(Required)**

- ☐ **Yes** - If you have evidence of your relationship to the Class Member, please include a **photocopy of the document with your application. DO NOT include the original document with your application.**
- ☐ **No** - If you **do not** have evidence of your relationship to the Class Member, please complete the **statutory declaration found in Schedule A of this Form for yourself.**

**What are examples of “evidence of my relationship to the Class Member”?**

Examples of evidence of your relationship include:

- **Marriage:** a Record of Solemnization or Marriage Certificate
- **Parent-Child Relationship:** Birth certificate of the child
- **Parent & Legally Adopted Child:** Adoption Order

Please **do not** submit documents such as family photographs, letters, or unofficial records.

**4. Are you the highest priority living heir based on the list in Question 2? \*(Required)**

- ☐ **Yes** - I declare, to the best of my knowledge and belief, and in accordance with the listed heir priority, there are no higher priority heirs
- ☐ **No** - You are not eligible to make a claim on behalf of this Class Member’s estate. Only the highest priority living heir can make this claim.

5. Are there other heirs of equal priority to you? (Example: Did the Class Member have multiple children)? If so, please list them below. If you do not have enough space, please attach a separate piece of paper with your application including this information.

First and last name of other equal priority heir(s)	Relationship of heir (i.e. child of Class Member)

6. Do you have consent from the other equal priority heirs to submit this claim?

- ☐ **Yes** - Complete the "Highest Priority Heir Confirmation" on the next page. **If there are more than four equal priority heirs**, please **provide a copy of the below confirmation from each individual**.
- ☐ **No** - You are not eligible to make a claim on behalf of this Class Member's estate.

---

**Highest Priority Heir Confirmation**

I (the Highest Priority Heir) am solemnly affirming that I am highest priority heir, and am eligible to make a claim on behalf of this Class Member's estate.

I / We (the equal priority heir(s)) am / are solemnly affirming that I am / we are aware of this application for compensation on behalf of the deceased Class Member named in this claim form, and I / We consent to the submission of this application.

---

**Highest Priority Heir (Printed)**

---

**Highest Priority Heir Signature**

---

**Equal Priority Heir 1 (Printed)**

---

**Equal Priority Heir 1 Signature**

---

**Equal Priority Heir 2 (Printed)**

---

**Equal Priority Heir 2 Signature**

---

**Equal Priority Heir 3 (Printed)**

---

**Equal Priority Heir 3 Signature**

---

**Equal Priority Heir 4 (Printed)**

---

**Equal Priority Heir 4 Signature**



## Section E – Outreach Information

**To assist us in reaching more potential Class Members, please tell us how you heard about the Indian Boarding Homes Program class action.**

- ☐ The website <https://boardinghomesclassaction.com>
- ☐ Social media (*Facebook / Instagram / LinkedIn etc.*)
- ☐ Claims Administrator information session
- ☐ Local Friendship Centre
- ☐ Band office
- ☐ News media (radio, podcast, blog, newspapers, magazines (including online))
- ☐ Other (please specify):

**Section F – Agreement**

In submitting your claim, you agree that:

- Information provided to the Administrator can be shared with the Government of Canada, Class Counsel, Quebec Subclass Counsel, Independent Reviewer, and the Exceptions Committee if required;
- Upon a final determination of the present Application made under and in accordance with the Claims Process, the Parties, Class Counsel, Quebec Subclass Counsel and Counsel for Canada, the Claims Administrator, Independent Reviewer, and the Exceptions Committee shall be released with respect to any claim that arise out of the application of the Claims Process, including but not limited to the sufficiency of the compensation received;
- Canada, the Claims Administrator, Class Counsel, Quebec Subclass Counsel, the Independent Reviewer and the Exceptions Committee and its members shall be held harmless from any and all claims, suits, actions, causes of action, or demands whatsoever by reason of or resulting from a payment to an Estate Executor or to a Highest Priority Heir(s);
- The information being provided is true to the best of your knowledge.

---

**Estate Representative or  
Highest Priority Heir if no  
Estate Representative  
first name and last name  
(Printed)  
\*(Required)**

---

**Signature  
\*(Required)**

---

**Signing date  
DD / MM / YYYY  
\*(Required)**

Any personal information received will be kept confidential and will not be used for any purpose other than the Settlement process. If you have questions, please visit our website at

<https://boardinghomesclassaction.com> or call our support center at **1-888-499-1144**



**Before you submit the form, use our checklist to confirm completion**

**Please ensure that you have completed the following before you submit your application:**

**Section A**

**You have:**

- Selected that you are an **Estate Representative** or a **Lawyer**
- Provided the following required information for the Class Member:
  - First name & last name
  - Date of birth
  - A photocopy of proof of death for the Class Member
- Provided the following required information for the Applicant:
  - First name & last name
  - Date of birth
  - Address where you can receive mail
  - Preferred communication method (email, phone, or mail)
  - A photocopy of your (the Applicant's) valid government ID OR the Schedule A statutory declaration if you do not have an ID
  - A photocopy of your appointment as an Estate Executor (if you have one- otherwise Section D must be completed)

**Section B**

**You have:**

- Provided the Estate's or highest priority heir's bank information and attached a void cheque or direct deposit form if you prefer payment is issued by direct deposit

**Section C**

**You have:**

- Answered whether the Class Member was placed in a private home as part of the Indian Boarding Homes Program
- Provided the age / year / grade the Class Member was first placed in the Indian Boarding Homes Program
- Provided the age / year / grade the Class Member was last placed in the Indian Boarding Homes Program



**Section D  
(Estates without a  
designated  
Administrator /  
Executor)**

You are making a claim on behalf of a deceased Class Member, who does not have a legal representative assigned for their estate.

**You have:**

- Indicated whether the claimant left a will
- Indicated how you are related to the Class Member
- Attached a photocopy as evidence of your relationship to the Class Member OR a statutory declaration if you do not have this evidence

**Section F**

**You have:**

- Signed and dated the Agreement page



**Please choose the submission method that is best for you.  
Send the application form and associated documents to:**

Email	Fax	Mail
<a href="mailto:claims@boardinghomesclassaction.com">claims@boardinghomesclassaction.com</a>	<b>Subject:</b> Indian Boarding Homes Class Action  <b>Fax Number:</b> 1-833-912-5047	<b>Attn:</b> Indian Boarding Homes Class Action  18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2

**Note:** If you choose to send your form to the Administrator through the mail, it is recommended that you use registered mail and obtain a tracking number, so you can receive information on your mail's location.

**This is the end of the Category 1 Application.**

If you would like to submit a Category 2 Application you need to submit an additional form. Category 2 forms can be downloaded from the website here:

<https://boardinghomesclassaction.com/claim-forms>

**Reminder:** Submitting an application for **Category 2 for Abuse** is optional. **You can file a Category 2 Claim for Abuse at the same time as this form or later but before the claim deadline**, when you are most comfortable and have the necessary support.

## What comes next?

1. A Confirmation Notice will be sent to you within four to eight weeks to let you know that the Administrator has received your form(s). If you do not receive a confirmation within eight weeks of submitting this application, please email or call the Claims Administrator to verify that your claim form(s) were received.
  - The Claims Administrator will then process your claim to determine whether you are eligible to receive compensation. Throughout this process, you will be able to request information on the status of your claim through the website, by phone, email, or mail, depending on your preference.
  - **Make sure to keep your Confirmation Notice.**
2. The processing of each claim form may take six to eight months, depending on the complexity of the claim and payment process. Applications made by family members on behalf of a deceased claimant without an Estate Executor will be processed after the close of the submission period on February 22, 2027. Thank you in advance for your patience and understanding throughout this process.
3. If the claim has been reviewed and the Primary Class Member was determined to be ineligible, the Class member has the right to apply for reconsideration. The reconsideration form and process can be found on our website here: <https://boardinghomesclassaction.com/other-forms>  
OR you can email us or call us to request a copy of the form, be mailed to you:
  - **Email:** [claims@boardinghomesclassaction.com](mailto:claims@boardinghomesclassaction.com)
  - **Phone Number:** 1-888-499-1144
4. If your contact information changes (for example, your mailing address changes, your phone number changes), please email or call the Claims Administrator to inform them of your new information.

## Schedule A - Statutory Declaration

This section is only to be completed if you cannot provide a photocopy of valid government ID OR if you do not have evidence of your relationship with the deceased Class Member.

**DO NOT COMPLETE THIS STATUTORY DECLARATION IF YOU ARE PROVIDING A PHOTOCOPY OF A VALID GOVERNMENT ID WITH YOUR APPLICATION AND HAVE PROOF OF YOUR RELATIONSHIP WITH THE DECEASED CLASS MEMBER.**

I declare that the information I have provided in this form is true to the best of my knowledge.

First name and last name  
(Printed)  
**\*(Required)**

Signature  
**\*(Required)**

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

The above declaration must be witnessed by a Guarantor, who must complete the fields on pages 28 to 29.

**The Guarantor only needs to see the Applicant sign this page. As Guarantor, you are not required to read the Form or verify the accuracy of the events described in this Form.**

A Guarantor can hold one of the following positions:

- Border Service Officer
- Certified Aboriginal Financial Manager
- Certified / Registered Accountant
- Commissioner of Oaths
- Correctional Officer
- Chief / Hereditary Chief
- Clan Mother
- Midwife
- Federal or Provincial Court Judge or Justice of the Peace
- Government Councilor, including Chief or Band Councilor
- Indian Registration Administrator
- Indigenous / Aboriginal Liaison Officer
- Inuit Community Leader / First Nation
- Elder / Traditional Practitioner
- Lawyer
- Licensed Medical Doctor / Physician
- Northern Villages' Secretary Treasurer
- Notary Public
- Peace Officer
- Pharmacist
- Police Officer
- Psychologist / Psychiatrist
- Registered Clinical Counsellor
- Registered Occupational Therapist
- Registered Social Worker

**Guarantor first name**  
**\*(Required)**

**Guarantor last name**  
**\*(Required)**

**Guarantor middle  
name(s)**  
**(if applicable)**

**Guarantor  
phone number**  
**\*(Required)**

**Guarantor email  
address**

**Guarantor  
position held**  
**\*(Required)**

**Guarantor street  
name and number**  
**\*(Required)**

**Office / unit number**  
**(if applicable)**



City / town / village /  
First Nation or  
reserve  
**\*(Required)**

Province /  
territory  
**\*(Required)**

Country  
**\*(Required)**

Postal code  
**\*(Required)**

Guarantor first name and  
last name (Printed)  
**\*(Required)**

Guarantor signature  
**\*(Required)**

Signing date  
DD / MM / YYYY  
**\*(Required)**

**Schedule B – Lawyer Information****IMPORTANT: Canada will not pay any lawyer fees for a Category 1 claim.****First name**  
**\*(Required)****Last name**  
**\*(Required)****Law firm****Law society /  
bar number**  
**\*(Required)****Street name and  
number \*(Required)****Office / unit number  
(if applicable)****City / town / village /  
First Nation or  
reserve**  
**\*(Required)**

Province /  
territory  
**\*(Required)**

Country  
**\*(Required)**

Postal code  
**\*(Required)**

Office  
telephone  
with  
extension

Cell phone

Email  
address  
**\*(Required)**

---

**Estate Representative Confirmation**

I (the Estate Representative) am solemnly affirming that the lawyer mentioned above has helped me to complete my claim, and I understand the contents.

I (the lawyer) am solemnly affirming that I helped the Estate Representative to complete their claim.

---

**Lawyer name (Printed)**  
**\*(Required)**

---

**Lawyer Signature**  
**\*(Required)**

---

**Estate Representative name (Printed)**  
**\*(Required)**

---

**Estate Representative Signature**  
**\*(Required)**

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