



Highest Priority Heir Confirmation

**Class Member's
first name**
***(Required)**

**Class Member's
last name**
***(Required)**

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

Contact method
***(Answer Required)**

Email address
(if you have one)

Phone number

Claim number
***(Required)**

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