

INDIAN RESIDENTIAL SCHOOLS – DAY SCHOLARS

REQUEST FOR A CLAIMS DEADLINE EXTENSION FORM

This is not a Claim Form. This form is for making a request for a Claims Deadline extension.

This Form and your Claim Form must be submitted before the Ultimate Claims Deadline of **January 4, 2024, 11:59 PM PST.**

The Administrator will not accept any submissions after this date.

Important information about the request for a Claims Deadline extension process:

- This Form and your Claim Form must be completed, signed, and received or postmarked (for regular mail or courier)/system-generated electronically date stamped (for email or fax), **by no later than January 4, 2024, 11:59 PM PST**
- If this Form is not received or postmarked/date stamped by this date, your Claim Form **will not be** reviewed and considered for compensation under the Settlement Agreement
- Please note that in addition to this completed Form, all relevant sections of your Claim Form must be completed for the Administrator to process your Claim
- For additional information and Frequently Asked Questions, please visit **www.dayscholarsclaims.com**
- Emotional and mental health counselling and crisis support is available to those who need it 24 hours a day, 7 days a week, through the National Indian Residential Schools Crisis Line at 1-866-925-4419 or Hope for Wellness Hotline at 1-855-242-3310 or online at www.hopeforwellness.ca

ALL INFORMATION MUST BE COMPLETED BELOW

Claimant Information:

| | |
|-------------------------------------------------------------------------|----------------------------------|
| First Name: | |
| Middle Name (if you have one): | |
| Last Name: | |
| Claimant's Date of Birth | Day _____ Month _____ Year _____ |
| Claimant's Indian Status Card Number <u>or</u> Social Insurance Number: | |
| If Claimant has died, Claimant's Date of Death: | Day _____ Month _____ Year _____ |
| If Claimant has died, Name of Representative: | |

Claimant or Representative Contact Details: Current mailing address is required:

| | |
|---------------------------------------------|--|
| Street Name and number (if no PO Box): | |
| Unit Number (if you have one): | |
| PO Box (if you have one): | |
| City/Town/Community: | |
| Province/Territory: | |
| Postal Code: | |
| Country: | |
| Daytime Telephone Number (If you have one): | |
| Email Address (if you have one): | |

YOU MUST SIGN THIS FORM AND SUBMIT TO THE CLAIMS ADMINISTRATOR WITH YOUR CLAIM FORM

By signing this form, the Claimant (or Representative) confirms they are seeking a Claims Deadline extension.

Signature of Claimant (or Representative submitting this form)

Date when signed:

Day _____ Month _____ Year _____

ESTATE CLAIM FORM

INDIAN RESIDENTIAL SCHOOLS DAY SCHOLARS CLASS ACTION SETTLEMENT

- The settlement is for the Gottfriedson Indian Residential Schools Day Scholars Class Action. **A Day Scholar is a person who attended an Indian Residential School as a student during the day only, but did not sleep there at night.** The Indian Residential Schools that had, or could have had Day Scholars, are listed in this form. This list is also online at www.justicefordayscholars.com or www.dayscholarsclaims.com.
- This is the Claim Form to apply for a \$10,000 Day Scholar Compensation Payment from the Indian Residential Schools Day Scholars Class Action settlement on behalf of a Day Scholar **who died on or after May 30, 2005.**
- **Please fill this Estate Claim Form out only if you are making a claim on behalf of a deceased Day Scholar.**
A claim on behalf of a deceased Day Scholar can be submitted by:
 - 1) The deceased Day Scholar's estate Executor/Administrator/Trustee/Liquidator, **OR**
 - 2) The highest priority living heir if there is no estate Executor/Administrator/Trustee/Liquidator.
- **Before beginning your Claim, please read the Guide accompanying this Claim Form** and the Notice of Settlement Approval on the www.justicefordayscholars.com website. This will contain more information on how the estate claims process works and what will happen after your Estate Claim Form is submitted.
- If you are a Day Scholar and are applying for yourself, **do not use** this Claim Form. Please use the Survivor Claim Form found here: www.dayscholarsclaims.com.
YOU DO NOT NEED TO RETURN THIS PAGE WITH YOUR CLAIM FORM.

HOW TO SUBMIT YOUR CLAIM FORM

PLEASE SUBMIT YOUR CLAIM FORM ONLY ONCE USING 1 OF THE 3 OPTIONS:

1. **PAPER CLAIM FORM BY EMAIL:** dayscholarsclaims@deloitte.ca, **OR**
2. **PAPER CLAIM FORM BY FAX:** 416-601-6101, **OR**
3. **PAPER CLAIM FORM BY MAIL:**

To: Indian Residential Schools Day Scholars Claims Administrator, c/o Deloitte

Address: PO Box 7014, Toronto, ON, Canada, M5C 0A9

DEADLINE TO SUBMIT A CLAIM FORM: OCTOBER 4, 2023

FREE ASSISTANCE WITH FILLING OUT A CLAIM FORM:

- If you have general questions about the Claim Form, Claim process, or to report an address change after submitting your Claim, contact the **Claims Administrator** at **1-877-877-5786**.
- If you need help determining if you can apply and if the deceased Day Scholar is eligible for this Class Action, please contact **Class Counsel:** dayscholars@waddellphillips.ca or call **1-888-222-6845**.

Emotional and mental health counselling and crisis support is available to those who need it 24 hours a day, 7 days a week, through the National Indian Residential Schools Crisis Line at **1-866-925-4419** or Hope for Wellness Hotline at **1-855-242-3310** or online at www.hopeforwellness.ca.

SECTION A. INFORMATION ABOUT THE DECEASED DAY SCHOLAR

Please fill this section out with the ***deceased Day Scholar's information***, and not your information.

| | | |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| REQUIRED | 1. What is the deceased Day Scholar's name as it appears on their estate documentation (if available) or on the proof of death being provided? See Guide for types of estate documentation required. | |
| | a. First Name: _____ | |
| | b. Middle Name (if they had one): _____ | |
| | c. Last Name: _____ | |
| | 2. What was their Date of Birth? | 3. What was their Date of Death? |
| DAY: _____ | DAY: _____ | |
| MONTH: _____ | MONTH: _____ | |
| YEAR: _____ | YEAR: _____ | |
| REQUIRED | 4. Please attach a photocopy or photograph of the deceased Day Scholar's death certificate. If you don't have a copy of their death certificate, you can attach a photocopy or photograph of another document that shows their Date of Death such as a funeral director's statement of death or a burial certificate. <i>Only Day Scholars who died on or after May 30, 2005 are eligible.</i> | |
| | 5. Was the Day Scholar known by any other name(s) while they were a Day Scholar? Please provide all of the names you know below. | |
| | a. Did they have a nickname? No: <input type="checkbox"/> Yes: <input type="checkbox"/> Unknown: <input type="checkbox"/> If yes, write any other name(s): _____ | |
| | b. Did they have a maiden name? (i.e. if they changed their name after they got married, what was it before they got married?): No: <input type="checkbox"/> Yes: <input type="checkbox"/> Unknown: <input type="checkbox"/> If yes, write their maiden name: _____ | |
| | c. Did they have a pre-adoptive name? No: <input type="checkbox"/> Yes: <input type="checkbox"/> Unknown: <input type="checkbox"/> If yes, write their pre-adoptive name(s): _____ | |
| IF AVAILABLE | 6. What was their Mother's first and last name? (if known) _____ | |
| | 7. What was their Father's first and last name? (if known) _____ | |
| | Please list the Day Scholar's ID numbers if they had any of the below: | |
| | 8. Indian Status or Band Number? _____ | 10. E-Disc/W-Disc name/number (Inuit)? _____ |
| | 9. Beneficiary Number? _____ | 11. Social Insurance Number? _____ |

SECTION B. INFORMATION ABOUT YOU (LIVING PERSON SUBMITTING THIS CLAIM)

Please fill out this section with your information. If you are applying for yourself, and not for someone that died, please **do not use** this Claim Form. The Claims Administrator will not assess this claim for you, but for the deceased Day Scholar.

REQUIRED

12. What is **your** name? If there are estate documents, your name must match any estate documents you are named in.

a. First Name: _____

b. Middle Name (if you have one): _____

c. Last Name: _____

13. Please provide **your current mailing address** and contact information details below:

a. Street name and number (if no PO Box):

b. Unit number (if you have one): _____

c. PO Box (if you have one): _____

d. City/Town/Community: _____

e. Province/Territory: _____

f. Postal Code: _____

g. Country: _____

h. Mobile phone number (if you have one): _____

i. Home phone number (if you have one): _____

j. Email address (if you have one): _____

Please check this box if you prefer to be contacted via email if the Claims Administrator requires additional information from you.

Note: All communication for final decisions will also be sent via regular mail.

SECTION C. DECEASED DAY SCHOLAR ATTENDANCE INFORMATION

You **must** complete the following for this section:

Write in the approximate date(s) the deceased Day Scholar went to the Indian Residential School as a Day Scholar OR approximate age the deceased Day Scholar was when they went to the Indian Residential School as a Day Scholar.

- If they went to more than one Indian Residential School as a Day Scholar, fill in the form for all of them.
- When you are entering the approximate dates/age they went to the Indian Residential School as a Day Scholar, please include **ONLY** the approximate dates/age they were a Day Scholar.
- **Do not** include the dates when they attended an Indian Residential School while also living or staying overnight at the Indian Residential School.

Please find the name of the school the Day Scholar attended in the list below. You must provide their years or age of attendance. If they attended the same school for two or more different time periods, please include all start and end dates. If they attended multiple schools, please complete this table for all of them. If you run out of room, you may submit additional pages. This page is only required to be submitted if information is completed below.

LIST 1 – Indian Residential Schools with Confirmed Day Scholars

| School | Location | School Opening Date | School Closing or Transfer Date | Start of attendance (Month/YYYY) or Age | End of attendance (Month/YYYY) or Age |
|-----------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|---------------------------------------|
| | | | | EXAMPLE: Sept/1960 or Age 6 | EXAMPLE: June/1964 or Age 9 |
| British Columbia Indian Residential Schools | | | | | |
| Alberni | Port Alberni (Tseshaht Reserve) | Jan/1/1920 Interim Closure: June/2/17-Dec/1/20 Feb/21/37-Sept/23/40 | Aug/31/1965 | | |
| Cariboo (St. Joseph's, William's Lake) | Williams Lake | Jan/1/1920 | Feb/28/1968 | | |
| Christie (Clayoquot, Kakawis) | Tofino | Jan/1/1920 | June/30/1983 | | |
| Kamloops | Kamloops (Kamloops Indian Reserve) | Jan/1/1920 | Aug/31/1969 | | |
| Kuper Island | Kuper Island | Jan/1/1920 | Aug/31/1968 | | |
| Lejac (Fraser Lake) | Fraser Lake (on reserve) | Jan/1/1920 | Aug/31/1976 | | |
| Lower Post | Lower Post (on reserve) | Sept/1/1951 | Aug/31/1968 | | |
| St. George's (Lytton) | Lytton | Jan/1/1920 | Aug/31/1972 | | |
| St. Mary's (Mission) | Mission | Jan/1/1920 | Aug/31/1973 | | |
| Sechelt | Sechelt (on reserve) | Jan/1/1920 | Aug/31/1969 | | |
| St. Paul's (Squamish, North Vancouver) | Squamish, North Vancouver | Jan/1/1920 | Aug/31/1959 | | |
| Alberta Indian Residential Schools | | | | | |
| Assumption (Hay Lake) | Assumption (Hay Lakes) | Feb/1/1951 | Sept/8/1968 | | |
| Blue Quills | Saddle Lake Indian Reserve (1898 - 1931) St. Paul (1931- 1990) | Jan/1/1920 | Jan/31/1971 | | |
| Crowfoot (Blackfoot, St. Joseph's, Ste. Trinité) | Cluny | Jan/1/1920 | Dec/31/1968 | | |
| Desmarais (Wabiscaw Lake, St. Martin's, Wabisca Roman Catholic) | Desmarais, Wabasca / Wabisca | Jan/1/1920 | Aug/1/1964 | | |
| Ermineskin (Hobbema) | Hobbema (Ermineskin Indian Reserve) | Jan/1/1920 | Mar/31/1969 | | |
| Holy Angels (Fort Chipewyan, École des Saint-Ange) | Fort Chipewyan | Jan/1/1920 | Aug/31/1956 | | |
| Fort Vermillion (St. Henry's) | Fort Vermillion | Jan/1/1920 | Aug/31/1964 | | |
| Joussard (St. Bruno's) | Lesser Slave Lake | 1920 | Oct/31/1969 | | |
| Morley (Stony/Stoney, replaced McDougall Orphanage) | Morley (Stony Indian Reserve) | Sept/1/1922 | July/31/1969 | | |
| Old Sun (Blackfoot) | Gleichen (Blackfoot Reserve) | Jan/1/1920 Interim Closure: 1922 - Feb/1923 Jun/26/28-Feb/17/31 | June/30/1971 | | |
| Sacred Heart (Peigan, Brocket) | Brocket (Peigan Indian Reserve) | Jan/1/1920 | June/30/1961 | | |
| St. Cyprian (Queen Victoria's Jubilee Home, Peigan) | Brocket (Peigan Indian Reserve) | Jan/1/1920 Interim Closure: Sept/1/53-Oct/12/53 | June/30/1961 | | |
| St. Mary's (Blood, Immaculate Conception) | Cardston (Blood Indian Reserve) | 1920 Interim Closure: Sept/1/65-Jan/6/66 | Aug/31/1969 | | |
| St. Paul's (Blood) | Cardston (Blood Indian Reserve) | Jan/1/1920 | Aug/31/1965 | | |
| Sturgeon Lake (Calais, St. Francis Xavier) | Calais | Jan/1/1920 | Aug/31/1959 | | |
| Wabasca (St. John's) | Wabasca Lake | Jan/1/1920 | Aug/31/1965 | | |
| Whitefish Lake (St. Andrew's) | Whitefish Lake | Jan/1/1920 | June/30/1950 | | |
| Grouard | West side of Lesser Slave Lake, Grouard | Jan/1/1920 | Sept/30/1957 | | |
| Saskatchewan Indian Residential Schools | | | | | |
| Beauval (Lac la Plonge) | Beauval | Jan/1/1920 | Aug/31/1968 | | |
| File Hills | Balcarres | Jan/1/1920 | June/30/1949 | | |
| Gordon's | Punnichy (Gordon's Reserve) | Jan/1/1920 Interim Closure: Jun/30/47-Oct/14/49 Jan/25/50-Sept/1/53 | Aug/31/1968 | | |
| Lebret (Qu'Appelle, Whitecalf, St. Paul's High School) | Lebret | Jan/1/1920 Interim Closure: Nov/13/32-May/29/36 | Aug/31/1968 | | |
| Marieval (Cowessess, Crooked Lake) | Cowessess Reserve | Jan/1/1920 | Aug/31/1969 | | |

Please find the name of the school the Day Scholar attended in the list below. You must provide their years or age of attendance. If they attended the same school for two or more different time periods, please include all start and end dates. If they attended multiple schools, please complete this table for all of them. If you run out of room, you may submit additional pages. This page is only required to be submitted if information is completed below.

LIST 1 - Indian Residential Schools with Confirmed Day Scholars

| School | Location | School Opening Date | School Closing or Transfer Date | Start of attendance (Month/YYYY) or Age | End of attendance (Month/YYYY) or Age |
|------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|---------------------------------|-----------------------------------------|---------------------------------------|
| Saskatchewan Indian Residential Schools | | | | | |
| Muscowequan (Lestock, Touchwood) | Lestock | Jan/1/1920 | Aug/ 31/1968 | | |
| Prince Albert (Onion Lake Anglican, St. Alban's, All Saints, St. Barnabas, Lac La Ronge) | Onion Lake/ Lac La Ronge/ Prince Albert | Jan/1/1920 | Aug/31/1968 | | |
| St. Anthony's (Onion Lake, Sacred Heart) | Onion Lake | Jan/1/1920 | Mar/31/1969 | | |
| St. Michael's (Duck Lake) | Duck Lake | Jan/1/1920 | Aug/31/1968 | | |
| St. Philip's | Kamsack | Apr/16/1928 | Aug/31/1968 | | |
| Manitoba Indian Residential Schools | | | | | |
| Assiniboia (Winnipeg) | Winnipeg | Sept/2/1958 | Aug/31/1967 | | |
| Brandon | Brandon | 1920 Interim Closure: July 1/29-July/18/30 | Aug/31/1968 | | |
| Churchill Vocational Centre | Churchill | Sept/9/1964 | June/30/1973 | | |
| Cross Lake (St. Joseph's, Norway House) | Cross Lake | Jan/1/1920 | June/30/1969 | | |
| Fort Alexander (Pine Falls) | Fort Alexander Reserve No. 3, near Pine Falls | Jan/1/1920 | Sept/1/1969 | | |
| Guy Hill (Clearwater, the Pas, formerly Sturgeon Landing, SK) | Clearwater Lake | Sept/5/1952 | Aug/31/1968 | | |
| Norway House | Norway House | Jan/1/1920 Interim Closure: May/29/46-Sept/1/54 | June/30/1967 | | |
| Pine Creek (Camperville) | Camperville | Jan/1/1920 | Aug/31/1969 | | |
| Portage la Prairie | Portage la Prairie | Jan/1/1920 | Aug/31/1960 | | |
| Sandy Bay | Sandy Bay Reserve | Jan/1/1920 | June/30/1970 | | |
| Ontario Indian Residential Schools | | | | | |
| Bishop Horden Hall (Moose Fort, Moose Factory) | Moose Island | Jan/1/1920 | Aug/31/1964 | | |
| Cecilia Jeffrey (Kenora, Shoal Lake) | Shoal Lake | Jan/1/1920 | Aug/31/1965 | | |
| Fort Frances (St. Margaret's) | Fort Frances | Jan/1/1920 | Aug/31/1968 | | |
| McIntosh (Kenora) | McIntosh | May/27/1925 | June/30/1969 | | |
| Pelican Lake (Pelican Falls) | Sioux Lookout | Sept/1/1927 | Aug/31/1968 | | |
| Poplar Hill | Poplar Hill | Sept/1/1962 | June/30/1989 | | |
| St. Anne's (Fort Albany) | Fort Albany | Jan/1/1920 | June/30/1976 | | |
| St. Mary's (Kenora, St. Anthony's) | Kenora | Jan/1/1920 | Aug/31/1968 | | |
| Spanish Boys' School (Charles Garnier, St. Joseph's) | Spanish | Jan/1/1920 | June/30/1958 | | |
| Spanish Girls' School (St. Joseph's, St. Peter's, St. Anne's) | Spanish | Jan/1/1920 | June/30/1962 | | |
| Quebec Indian Residential Schools | | | | | |
| Fort George (Anglican) | Fort George | Sept/1/1933 Interim Closure: Jan/26/43-July/9/44 | Aug/31/1971 | | |
| Fort George (Roman Catholic) | Fort George | Sept/1/1937 | June/30/1978 | | |
| Point Bleue | Point Bleue | Oct/6/1960 | Aug/31/1968 | | |
| Sept-Îles | Sept-Îles | Sept/2/1952 | Aug/31/1969 | | |
| Nova Scotia Indian Residential Schools | | | | | |
| Shubenacadie | Shubenacadie | Sept/1/1929 | June/30/1967 | | |
| Northwest Territories Indian Residential Schools | | | | | |
| Aklavik (Immaculate Conception) | Aklavik | July/1/1926 | June/30/1959 | | |
| Aklavik (All Saints) | Aklavik | Aug/1/1936 | Aug/31/1959 | | |
| Fort Providence (Sacred Heart) | Fort Providence | Jan/1/1920 | June/30/1960 | | |
| Fort Resolution (St. Joseph's) | Fort Resolution | Jan/1/1920 | Dec/31/1957 | | |
| Hay River (St. Peter's) | Hay River | Jan/1/1920 | Aug/31/1937 | | |
| Yukon Indian Residential Schools | | | | | |
| Carcross (Choooutla) | Carcross | Jan/1/1920 Interim Closure: June/15/43-Sept/1/44 | June/30/1969 | | |
| Whitehorse Baptist Mission | Whitehorse | Sept/1/1947 | June/30/1960 | | |
| Shingle Point Eskimo Residential School | Shingle Point | Sept/16/1929 | Aug/31/1936 | | |

Please find the name of the school the Day Scholar attended in the list below. You must provide their years or age of attendance. If they attended the same school for two or more different time periods, please include all start and end dates. If they attended multiple schools, please complete this table for all of them. If you select a school on List 2, you must sign the Statutory Declaration below. If you run out of room, you may submit additional pages.

LIST 2 – Indian Residential Schools Not Known to Have Day Scholars

| School | Location | School Opening Date | School Closing or Transfer Date | Start of attendance (Month/YYYY) or Age | End of attendance (Month/YYYY) or Age |
|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|---------------------------------------|
| | | | | EXAMPLE: Sept/1960 or Age 6 | EXAMPLE: June/1964 or Age 9 |
| British Columbia Indian Residential Schools | | | | | |
| Ahousaht | Ahousaht (Maktosis Reserve) | Jan/1/1920 | Jan/26/1940 | | |
| Coqualeetza from 1924 to 1940 | Chilliwack | Jan/1/1924 | June/30/1940 | | |
| Cranbrook (St. Eugene's, Kootenay) | Cranbrook (on reserve) | Jan/1/1920 | June/23/1965 | | |
| St. Michael's (Alert Bay Girls' Home, Alert Bay Boys' Home) | Alert Bay (on reserve) | Jan/1/1920 | Aug/31/1960 | | |
| Alberta Indian Residential Schools | | | | | |
| Edmonton (Poundmaker, replaced Red Deer Industrial) | St. Albert | Mar/1/1924 Interim Closure: Jul/1/46-Oct/1/46 Jul/1/51-Nov/5/51 | Aug/31/1960 | | |
| Lesser Slave Lake (St. Peter's) | Lesser Slave Lake | Jan/1/1920 | June/30/1932 | | |
| St. Albert (Youville) | St. Albert, Youville | Jan/1/1920 | June/30/1948 | | |
| Sarcee (St. Barnabas) | Sarcee Junction, T'suu Tina (Sarcee Indian Reserve) | Jan/1/1920 | Sept/30/1921 | | |
| Saskatchewan Indian Residential Schools | | | | | |
| Round Lake | Broadview | Jan/1/1920 | Aug/31/1950 | | |
| Sturgeon Landing (replaced by Guy Hill, MB) | Sturgeon Landing | Sept/1/1926 | Oct/21/1952 | | |
| Thunderchild (Delmas, St. Henri) | Delmas | Jan/1/1920 | Jan/13/1948 | | |
| Manitoba Indian Residential Schools | | | | | |
| Birtle | Birtle | Jan/1/1920 | June/30/1970 | | |
| Dauphin (replaced McKay) | The Pas /Dauphin | See McKay below | See McKay below | | |
| Elkhorn (Washakada) | Elkhorn | Jan/1/1920 Interim Closure: 1920 -Sept/1/1923 | June/30/1949 | | |
| McKay (The Pas, replaced by Dauphin) | The Pas / Dauphin | Jan/1/1920 Interim Closure: Mar/19/33-Sept/1/57 | Aug/31/1968 | | |
| Ontario Indian Residential Schools | | | | | |
| Chapleau (St. John's) | Chapleau | Jan/1/1920 | Jul/31/1948 | | |
| Mohawk Institute | Brantford | Jan/1/1920 | Aug/31/1968 | | |
| Mount Elgin (Muncey, St. Thomas) | Muncey | Jan/1/1920 | June/30/1946 | | |
| Shingwauk | Sault Ste. Marie | Jan/1/1920 | June/30/1970 | | |
| St. Joseph's / Fort William | Fort William | Jan/1/1920 | Sept/1/1968 | | |
| Stirland Lake High School (Wahbon Bay Academy) | Stirland Lake | Sept/1/1971 | June/30/1991 | | |
| Cristal Lake High School | Stirland Lake | Sept/1/1976 | June/30/1986 | | |
| Quebec Indian Residential Schools | | | | | |
| Amos | Amos | Oct/1/1955 | Aug/31/1969 | | |
| La Tuque | La Tuque | Sept/1/1963 | June/30/1970 | | |

If you believe the deceased Day Scholar attended an Indian Residential School as a Day Scholar at a location listed in List 1 or List 2, but knew it by a different name and cannot locate it, please provide the following: (1)Name of Indian Residential School _____ (2)Location _____ (3)Years of attendance (or age) _____ to _____. You must complete the Statutory Declaration below if you complete this section.

STATUTORY DECLARATION

You **MUST** complete this section **ONLY** if the deceased Day Scholar attended a List 2 Indian Residential School or provided an Indian Residential School name above. The Witness is a person who sees you sign the Statutory Declaration, not someone who witnessed the Claimant as a Day Scholar.

"_____, attended the Indian Residential School(s) listed on List 2 or provided above during the years listed on (First and Last Name of deceased Day Scholar)
List 2 or provided above. While they were a Day Scholar, they lived with _____ in _____."
(Name of Person the Day Scholar lived with) (Name of Community)

Signature of Person submitting this Claim Form (required)

Signature of Witness (required)

Printed Name of Witness (required)

*Position of Witness (required) *Valid Witness positions include: Notary Public, Commissioner of Oaths, Northern Villages Secretary Treasurer, Elected Official (e.g. Chief, Councillor, Inuit Community leader), or certain other Professionals. Please see the Guide for a complete list of who can be a valid Witness.

SECTION D. INFORMATION ABOUT THE DECEASED DAY SCHOLAR'S ESTATE

This page is required to be submitted if there is an estate Administrator/Executor/Trustee/Liquidator of the Day Scholar's estate. If you are the alternative Executor listed in the Will, please provide proof of the primary Executor's inability to act, in the form of a physician's letter or proof of death.

If there has not been an estate Administrator/Executor/Trustee/Liquidator appointed for the Day Scholar's estate, please do not complete or submit this page with your Claim Form, and instead complete Section E on Page 7.

14. Has an estate Administrator/Executor/Trustee/Liquidator of the Day Scholar's estate been named:

- in the deceased Day Scholar's Will; or
- in a court order from a Provincial/Territorial court; or
- in a Grant of Administration from a Court or INAC/CIRNAC/ISC

For Quebec:

- in a notarial Will recorded and registered by a notary; or
- in a judgment from a Quebec Court probating the Will; or
- in a Grant of Administration from a Court or INAC/CIRNAC/ISC
- in a Designation of a Liquidator by the Heirs which has been registered in the Register of personal and movable real rights (RDPRM)

Yes: An estate Administrator/Executor/Trustee/Liquidator has been named for the deceased Day Scholar. Only the Administrator/ Executor/Trustee/Liquidator can file a claim on behalf of the deceased Day Scholar.

**REQUIRED
(ONLY IF
#14 IS YES)**

OR

No: Disregard this section and go to Section E on Page 7.

15. If an estate Administrator/Executor/Trustee/Liquidator has been named, are you the primary estate Administrator/Executor/Trustee/Liquidator of the Day Scholar's estate?

Yes: Please ensure **all pages** of the legal document that names you as the estate's Executor/Trustee/Administrator/Liquidator are included with this Claim Form. This can be a photocopy or photograph of the document listed above in Question #14.

OR

No: The primary Executor/Administrator/Trustee/Liquidator must make the claim. If the primary Executor/Administrator/Trustee/Liquidator is deceased or unable to act, you must provide proof of death or incapacity. Either the alternate Executor/Administrator/Trustee/Liquidator or a newly appointed Executor/Administrator/Trustee/Liquidator must make the claim. For more information visit www.justicefordayscholars.com or call Class Counsel at 1-888-222-6845. If you are an heir and no Executor/Trustee/Liquidator has been appointed go to Section E on Page 7.

SECTION E. INFORMATION ABOUT THE DECEASED DAY SCHOLAR'S HEIRS

Only fill this section out if no Administrator/Executor/Trustee/Liquidator has been appointed for the Day Scholar's estate. This information is necessary so that the claim on behalf of the deceased Day Scholar can be assessed. In cases where an Administrator/Executor/Trustee/Liquidator has not been appointed to handle the Day Scholar's estate, only the highest priority living heir can apply. Please refer to the Guide to determine if you are the highest priority living heir. If an Administrator/Executor/Trustee/Liquidator has been appointed for the deceased Day Scholar's estate, you do not need to fill this section out.

You do not have to return this page if you were able to complete Section D and responded Yes to Question #14 on Page 6. Note: If you are applying as living heir, your claim will not begin assessment until after January 4, 2024. See the Guide for further information.

16. Did the Day Scholar have a will?

Yes: **If yes, please disregard this section and go to Section D; or**

No: By selecting no, I declare that, to the best of my knowledge and belief, the deceased Day Scholar named in this Claim Form did not have a valid 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 Day Scholar named in this Claim Form.

17. How are you related to the deceased Day Scholar? (in order of heir priority) I am their:

| | | | | | | |
|----------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------------------|--------------------------------------------------|------------------------------------------------|
| 1. <input type="checkbox"/> Husband/ Wife | 2. <input type="checkbox"/> Common Law or <i>de facto</i> partner | 3. <input type="checkbox"/> Child | 4. <input type="checkbox"/> Grandchild | 5. <input type="checkbox"/> Parent | 6. <input type="checkbox"/> Brother or Sister | 7. <input type="checkbox"/> Niece or Nephew |
|----------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------------------|--------------------------------------------------|------------------------------------------------|

18. Attach a photocopy or photograph of evidence of your relationship to the Day Scholar. Please see the Guide which explains what kind of documents you can use. If you do not have evidence of your relationship to the Day Scholar, you must complete the Statutory Declaration on Page 9.

19. Please provide a photocopy or photograph of your government ID.

20. Are you the highest priority living heir based on the priority list above in Question #17?

No: You are not eligible to make a claim on behalf of this Day Scholar's estate. Only the highest priority living heir can make the claim; or

Yes: I declare that, to the best of my knowledge and belief, and in accordance with the listed heir priority, there are no living heir(s) of the Day Scholar named in this Estate Claim Form, who are of a higher priority than I am.

21. If you are the highest priority living heir, but there are other living heirs of equal priority to you (e.g. children of deceased Day Scholar), please list them below. If there is not enough space, attach a separate piece of paper with the information on it.

| First and Last Name of Other living Heir(s) | Relationship of Heir (e.g. children of deceased Day Scholar) |
|---------------------------------------------|--------------------------------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If there are living heirs of equal priority (e.g. children) you need to obtain their consent. See the Consent Form on Page 10.

**REQUIRED
(ONLY IF
#16 IS NO)**

SECTION F. PAYMENT INFORMATION

| | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REQUIRED | <p>22. If your claim on behalf of the deceased Day Scholar is approved by the Claims Administrator, what is your preferred method of payment? Please check one box.</p> <p><input type="checkbox"/> Cheque sent to the mailing address set out at Question #13 on Page 2. When there is an Executor, payment will be made to the “estate of” the deceased Day Scholar.</p> <p><input type="checkbox"/> Direct deposit (<u>must</u> provide direct deposit form or void cheque).</p> |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- If you want to have the payment deposited directly into your bank account, attach a direct deposit form or void cheque of the deposit bank account.
- The name of the bank account holder must be in the name of the estate of the deceased Day Scholar or in the name of the person making this claim. Funds cannot be recovered if incorrect information was provided and funds are deposited in the wrong account. Replacement payments will not be issued. For example if you provide a family member’s banking information and not your own, we cannot recover the funds for you.
- If you do not have a bank account, direct deposit is not possible. If you select direct deposit but do not provide a valid direct deposit form or void cheque with the requirements above, you will be mailed a cheque to expedite payment.

SECTION G. AUTHORIZATION

23. By submitting this claim for compensation for the Indian Residential Schools Day Scholars Class Action Settlement:

a. I consent to, and direct the Claims Administrator to share with Canada, the Independent Reviewer and Class Counsel this form and any information and documents I provide as part of the deceased Day Scholar’s Claim for the Day Scholar Compensation Payment. I provide consent for the Claims Administrator, Canada, and the Independent Reviewer to access the personal information that may be in their possession and is relevant to this Claim, pursuant to the Claims Process set out in the Settlement Agreement, including but not limited to documents related to a Claim in the McLean Federal Indian Day Schools Class Action Settlement, a Claim for a Common Experience Payment (CEP) in the Indian Residential Schools Settlement, and any other legal proceeding or settlements, and information contained in the Nominal Roll System. Any information or documents I share or that are accessed will only be used for the purposes allowed by the Settlement Agreement.

b. I understand that the Claims Administrator may share my personal information with any other persons who may submit a claim with respect to this deceased Day Scholar.

c. I agree that Canada, the Representative Plaintiffs, Class Counsel, the Claims Administrator, and the Independent Reviewer shall not be liable for, and will in fact be held harmless by me, from any and all claims, counterclaims, suits, actions, causes of action, demands, damages, penalties, injuries, setoffs, judgements, debts, costs, expenses (including without limitation legal fees, disbursements, and expenses) or other liabilities of every character whatsoever by reason of or resulting from a payment or non-payment pursuant to this Agreement and any order of the Court approving it.

d. I recognize that the Administrator and Independent Reviewer do not represent the Indian Residential Schools or Canada. They do not act as an agent or legal counsel for any party, and do not offer legal advice. They do not have any duty to identify or protect legal rights of any party, or to raise an issue not raised by any party.

e. No Double Payment for the same school year. I understand that neither the deceased Day Scholar nor his/her estate or heirs may claim compensation for the same school year for which the deceased Day Scholar or his/her estate or heirs have received a CEP payment under the Indian Residential Schools Settlement Agreement, or compensation under the McLean Federal Indian Day Schools Class Action Settlement, or other legal proceedings or settlements.

24. By signing this document, I declare that the information above, including all declarations, is true to the best of my knowledge and belief.

| |
|--------------------------------------------------------------------------------------------------------------------------------|
| <p>Signature of Person submitting this Claim Form (required) _____</p> <p>Date of Signature (required) _____</p> |
|--------------------------------------------------------------------------------------------------------------------------------|

STATUTORY DECLARATION:**RELATIONSHIP TO DECEASED DAY SCHOLAR**

You do not need to complete this Statutory Declaration if you provided a photocopy or photograph of the documentation of your relationship to the Day Scholar on Page 7, Question #18 in Section E.

ALL INFORMATION MUST BE COMPLETED BELOW

"I, _____, declare that I am the _____
 (First and Last Name of Claimant) (Relationship to deceased Day Scholar listed on Page 7, Question #17)

and the highest priority living heir of the deceased Day Scholar."

Signature of Claimant (required)

Signature of Witness (required)

Printed Name of Witness (required)

***Position of Witness (required)**

*The witness is a person who sees you sign the Statutory Declaration. The witness can be any of the following people:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Border Service Officer • Certified Aboriginal Financial Manager • Certified/Registered Accountant • Commissioner of Oaths • Correctional Officer • Chief • Federal or Provincial Court Judge or Justice of the Peace • Government Councilor • Indian Registration Administrator • Indigenous/Aboriginal Liaison Officer • Inuit Community Leader | <ul style="list-style-type: none"> • Lawyer • Licensed Medical Doctor/Physician • Northern Villages' Secretary Treasurer • Notary Public • Peace Officer • Pharmacist • Police Officer • Psychologist/Psychiatrist • Registered Clinical Counsellor • Registered Nurse • Registered Occupational Therapist • Registered Social Worker • Teacher (primary or secondary) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For more information related to witness positions, please see the Guide.

CONSENT FORM FOR EQUAL PRIORITY LIVING HEIRS APPOINTING A PERSON TO MAKE THIS CLAIM ON BEHALF OF A DECEASED DAY SCHOLAR

This Consent Form must be completed by each equal priority living heir listed on Page 7, Question #21 in Section E.

ALL INFORMATION MUST BE COMPLETED BELOW

_____, was my _____.
 (First and Last Name of deceased Day Scholar) (deceased Day Scholar’s relationship to you)

I, _____, know that _____
 (Your First and Last Name) (name of person [Designated Representative] submitting a claim on behalf of deceased Day Scholar)

who is my _____ is applying for compensation on behalf of the
 (relationship of person submitting claim to you)

deceased Day Scholar named in this Claim Form and consent to them submitting this application.

Your Signature (required)

Date of Signature (required)

Please provide **your current mailing address** and contact information details below **(required)**:

- a. Street name and number (if no PO Box): _____
- b. Unit number (if you have one): _____
- c. PO Box (if you have one): _____
- d. City/Town/Community: _____
- e. Province/Territory: _____
- f. Postal Code: _____
- g. Country: _____
- h. Phone number (if you have one): _____
- i. Email Address (if you have one): _____

CHECKLIST FOR COMPLETION OF ESTATE CLAIM FORM

Before sending, please make sure your Claim Form is complete and includes:

- Completed Section A, B, C, D or E, F, and G, including a Statutory Declaration on Page 5 if the Indian Residential School attended is not on List 1. Signed Claim Form on Section G, Page 8.
- Deceased Day Scholar's Death Certificate from Section A, Page 1, Question #4.
- (Optional):** If the deceased Day Scholar applied for a Common Experience Payment (CEP) under the Indian Residential School Settlement Agreement (IRSSA) and were refused for one or more years because they were considered a Day Scholar, please attach a copy of the letter of refusal only if available.
- Direct deposit form or void cheque only if requesting direct deposit.
- ESTATES ONLY (SECTION D):
 - Please ensure **all pages** of the legal document that names you as the estate's Executor/Trustee/Administrator/Liquidator are included with this Claim Form. This is a photocopy or photograph of the document you provided as part of Question #14.

OR

- HEIRS ONLY (SECTION E):
 - A photocopy or photograph of the Representative's government ID (highest priority living heir). Please see Guide for full list of accepted government IDs.
 - Statutory Declaration for Relationship to deceased Day Scholar only if documentation is not provided. Please see Guide for list of accepted documents.
 - Consent Form only if there are more than one same priority living heirs.

DEADLINE TO SUBMIT A CLAIM FORM: OCTOBER 4, 2023 PLEASE **SUBMIT YOUR CLAIM FORM ONLY ONCE USING 1 OF THE 3 OPTIONS:**

1. **PAPER CLAIM FORM BY EMAIL:** dayscholarsclaims@deloitte.ca, **OR**
2. **PAPER CLAIM FORM BY FAX:** 416-601-6101, **OR**
3. **PAPER CLAIM FORM BY MAIL:**

To: Indian Residential Schools Day Scholars Claims Administrator, c/o Deloitte

Address: PO Box 7014, Toronto, ON, Canada, M5C 0A9

- Please make sure to keep a copy of your Claim Form package and any attached documents for your personal records.
- **Please do not send original documents** – clear photocopies or pictures will be accepted. The Administrator cannot guarantee that any original documents sent will be returned.