

Claim Form 2 - Personal Representative: If a Class Member is a Person Under Disability as defined in the *Adult Capacity and Decision-making Act*, S.N.S. 2017, c 4, a Claim can be submitted by the Class Member's legally appointed Personal Representative.



IMPORTANT:

YOU MUST COMPLETE *CLAIM FORM 1 - APPLICATION* AND SUBMIT IT ALONG WITH THIS CLAIM FORM (*CLAIM FORM 2 - PERSONAL REPRESENTATIVE*).



CLAIM FORM 1 - APPLICATION AND CLAIM FORM 2 - PERSONAL REPRESENTATIVE MUST BE SUBMITTED TOGETHER TO THE CLAIMS ADMINISTRATOR BY **MARCH 17, 2027**

How to submit this Claim Form



Online: Portal.NSWaitlistSettlement.ca



Email: Claims@NSWaitlistSettlement.ca



Fax: 902-450-4956



Mail: Claims Administrator
c/o Deloitte LLP
PO Box 998 STN CENTRAL
Halifax, NS B3J 2X1

PART 1 Class Member and Personal
Representative Information

Class Member's Full Name (Required) – This should be the same as the name on the Class Member's government-issued identification you will submit with *Claim Form 1- Application*.

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First Name

Middle Name

Last Name

Personal Representative's Full Name (Required)

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First Name

Middle Name

Last Name

Organization (if applicable):

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Personal Representative's Identification (Required)

Government-issued Identification

Please include a copy (do not send originals) of at least one valid piece of government-issued identification showing your name and date of birth.

Acceptable forms of identification include:

- Driver's Licence
- Passport
- Nova Scotia Photo ID Card
- Provincial/Territorial Photo ID Card

Mailing Address (Required)

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Street Number

Street Address

Unit

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PO Box Number

City/Town/Community

Province

Postal Code

PART 1 Class Member and Personal
Representative Information *(continued)*

Telephone Numbers (Required) – Please include your full ten-digit phone number(s) and any extensions, if applicable.

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Daytime

Mobile

Email Address:

IMPORTANT: If you move, or any of your contact information changes, please call or email the Claims Administrator as soon as possible to update your information so we can reach you.

PART 2 Proof of Representation

Please indicate the proof of Personal Representation documentation you will submit with this Claim Form that shows you have the legal authority to apply for and accept compensation on behalf of the Class Member named in *Claim Form 1 - Application*. **Please choose one.**

Representation Order under the *Adult Capacity and Decision-making Act*.

Enduring Power of Attorney signed before the Class Member became incapable of managing their financial affairs.

Provincial/Territorial Appointment Order

Appointment of a provincial/territorial Public Guardian/Trustee

Other:

PART 3 Personal Representative's Signature

Please provide your signature and the date this form is being submitted.

**SIGN
HERE:**

X

Signature of Personal Representative

Date (DD-MM-YYYY)

Checklist

Before you submit this Claim Form, please ensure it is complete:

I have **filled in** all of the required information.

I have **attached** a copy of my government-issued identification.

I have attached a copy of documentation that shows I have the **legal authority** to apply for and accept compensation on behalf of this Class Member.

I have **signed and dated** this Claim Form (*Claim Form 2 – Personal Representative*).

I have **completed and attached** *Claim Form 1 - Application*.



REMEMBER:

Remember: You must complete *Claim Form 1 - Application* for this Class Member and submit it to the Claims Administrator along with this completed *Claim Form 2 - Personal Representative* and all required supporting documentation by **March 17, 2027**

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