

**Claim Form 3 - Executor or Administrator:** This Claim Form (*Claim Form 3 – Executor or Administrator*) must be completed by the legally appointed Executor or Administrator for the estate of a Deceased Class Member in this Settlement.



**IMPORTANT:**

YOU MUST COMPLETE *CLAIM FORM 1 – APPLICATION* AND SUBMIT IT ALONG WITH THIS *CLAIM FORM 3 – EXECUTOR OR ADMINISTRATOR*.



*CLAIM FORM 1 – APPLICATION AND CLAIM FORM 3 – EXECUTOR OR ADMINISTRATOR* MUST BE SUBMITTED TOGETHER TO THE CLAIMS ADMINISTRATOR BY **MARCH 17, 2027**

**How to submit this Claim Form**



**Online:** [Portal.NSWaitlistSettlement.ca](https://Portal.NSWaitlistSettlement.ca)



**Email:** [Claims@NSWaitlistSettlement.ca](mailto: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 Deceased Class Member and  
 Executor/Administrator Information**

**Deceased 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

**Date of Death:**

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Day

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Month

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Year

**Executor’s or Administrator’s Full Name (Required)**

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First Name

Middle Name

Last Name

**Organization** (if applicable):

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**Executor’s or Administrator’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** Deceased Class Member and  
Executor/Administrator 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 Death documentation  
(Choose One)

Death Certificate

Burial Certificate

Other:

**PART 3 Proof of Executor's or Administrator's legal authority**  
(Required)

You must submit a copy of the legal document appointing you as the legal representative of the Deceased Class Member's estate. **Please choose one.**

Grant of Probate issued by the Nova Scotia Probate Court.

Grant of Administration issued by the Nova Scotia Probate Court.

Grant of Administration, letters testamentary, or Order issued by a court or authority in Canada.

Authenticated copy of a Notarial Will if the Deceased Class Member died in Québec.

Other:

**PART 4 Executor's or Administrator's signature**

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

**SIGN  
HERE:**

**X**

Signature of Executor or Administrator

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 the Deceased Class Member's death certificate or other **proof of death**.

I have attached a copy of documentation that shows I have been **legally appointed** as the executor or administrator of this Deceased Class Member's estate.

I have **signed and dated** this Claim Form.

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



### REMEMBER:

You must complete *Claim Form 1 - Application* for this Deceased Class Member and submit it to the Claims Administrator along with this completed *Claim Form 3 - Executor or Administrator* and all required supporting documentation by **March 17, 2027**

## How to submit Claim Forms



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