

Claim Form 4 – Next-of-Kin Representative: This Claim Form (*Claim Form 4 – Next-of-Kin Representative*) must be completed by a relative of a Deceased Class Member if no Executor, Administrator, or trustee has been appointed to manage the Deceased Class Member’s estate.



IMPORTANT:

YOU MUST COMPLETE *CLAIM FORM 1 – APPLICATION* AND SUBMIT IT ALONG WITH THIS *CLAIM FORM 4 – NEXT OF KIN REPRESENTATIVE*.



CLAIM FORM 1 – APPLICATION AND CLAIM FORM 4 – NEXT OF KIN REPRESENTATIVE* MUST BE SUBMITTED TOGETHER TO THE CLAIMS ADMINISTRATOR BY **MARCH 17, 2027*

How to submit Claim Forms



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 Deceased Class Member and Next-of-Kin Representative 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

--	--

Month

--	--	--	--

Year

Next-of-Kin Representative’s Full Name (Required)

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First Name

Middle Name

Last Name

Next-of-Kin Representative’s Identification (Required)

Government-issued Identification

Please include a copy 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 Next-of-Kin
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:

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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 Next-of-Kin Representative's relationship
to the Deceased Class Member (Required)

If no executor, administrator, trustee or liquidator has been appointed, **any** relative of the Deceased Class Member may submit a Claim Form on behalf of a Deceased Class Member. Indicate your relationship to the Deceased Class Member and the type of documentation you have included with this Claim Form as evidence of your relationship.

2A - The Next-of-Kin Representative is the Deceased Class Member's (choose one):

Surviving spouse or common-law partner

Child or stepchild

Grandchild or child of a stepchild

Parent

Grandparent

Sibling

Child of sibling or stepchild of sibling

PART 2 Next-of-Kin Representative's relationship to
the Deceased Class Member *(continued)* (Required)

2B - Evidence of relationship documentation (choose one):

Marriage Certificate

Proof of common-law relationship (e.g., evidence that you lived together
for at least 12 months).

Birth Certificate that includes the parents' names

Provincial or territorial Adoption Order

PART 3 Sworn Declaration

A Sworn Declaration is a statement signed by the Next-of-Kin Representative confirming that no one has been appointed as the executor, administrator, trustee or liquidator for the Deceased Class Member's estate. This Declaration must be sworn or affirmed before a Notary, Lawyer, or Commissioner of Oaths.

*I declare that, to the best of my knowledge, no executor, administrator, trustee,
or liquidator has been appointed for the estate of the Deceased Class Member named
in Part 1 of this Claim Form 4 – Next-of-Kin Representative.*

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First Name

Middle Name

Last name

X

Next-of-Kin Representative Signature

Date (DD-MM-YYYY)

PART 3 Sworn Declaration *(continued)*

Sworn or affirmed before me:

Printed Name of Notary, Lawyer or Commissioner of Oaths

at:

Municipality

Province

on:

Date (DD-MM-YYYY)

X

Signature of Notary, Lawyer or Commissioner of Oaths

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Number

Street Address

Unit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PO Box Number

City/Town/Community

Province

Postal Code

Telephone Number:

Email Address:

PART 4 **Nearest Relative**

In this section, the Next-of-Kin Representative identifies the Deceased Class Member's closest living relative, as well as any other relatives who might be eligible as heirs.

IMPORTANT: Any relative can fill out this Claim Form. However, only the Deceased Class Member's closest living relative (Nearest Relative) may be eligible for compensation.

4A – Deceased Class Member's Nearest Relative

How to identify the Nearest Relative: The following list shows the order of relatives from closest to most distant. Find the closest living relative of the Deceased Class Member and check the box next to their relationship. Please choose only one.

- | | | |
|---|--|--------------------------|
| 1 | Surviving spouse or common-law partner | <input type="checkbox"/> |
| 2 | Children, including stepchildren | <input type="checkbox"/> |
| 3 | Grandchildren, including children of stepchildren | <input type="checkbox"/> |
| 4 | Parents | <input type="checkbox"/> |
| 5 | Grandparents | <input type="checkbox"/> |
| 6 | Siblings | <input type="checkbox"/> |
| 7 | Children of siblings, including stepchildren of siblings | <input type="checkbox"/> |

PART 4 Nearest Relative (continued)

4B - Information about the Deceased Class Member’s Nearest Relative

In this space, provide the name of the Deceased Class Member’s Nearest Relative. If there is more than one Relative at the same priority level (for example, if the Deceased Class Member had more than one child), please list all of their names and dates of birth here.

First Name	Middle Name	Last Name	Date of birth
First Name	Middle Name	Last Name	Date of birth
First Name	Middle Name	Last Name	Date of birth

4C - Nearest Relatives who are Minor Children or Persons Under Disability

If the Deceased Class Member’s Nearest Relative is a child who is below 19 years of age, or an adult who is incapable of managing their own financial affairs (a Person Under Disability) please provide the name(s) of their parents, legal guardian, or representative under the *Adult Capacity and Decision-making Act* as applicable.

Full Name of Minor or Person Under Disability

First Name	Middle Name	Last Name

Name(s) of Parent/Guardian/Representative

First Name	Middle Name	Last Name
First Name	Middle Name	Last Name

If you need more space, write the information on a separate sheet of paper.
 Please remember to send it in with your Claim Form.

PART 4 Nearest Relative (continued)

4D – Next-of-Kin and Second Signatory Attestation (Required):

This attestation must be signed by the Next-of-Kin Representative and a second person (the “Second Signatory”) who knew the Deceased Class Member for at least 5 years.

Next-of-Kin Representative: *I attest that, to the best of my knowledge, the preceding information about the Heirs and Nearest Relative(s) of the Deceased Class Member named in Part 1 of this Claim Form 4 – Next-of-Kin Representative is true.*

Next-of-Kin First Name	Next-of-Kin Middle Name	Next-of-Kin Last Name

X

Next-of-Kin Signature	Date (DD-MM-YYYY)
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Second Signatory: *I attest that, to the best of my knowledge, the preceding information about the Heirs and Nearest Relative(s) of the Deceased Class Member named in Part 1 of this Claim Form 4 – Next-of-Kin Representative, is true. I also attest that I knew this Class Member for at least 5 years.*

Second Signatory First Name	Second Signatory Middle Name	Second Signatory Last Name

Street Number	Street Address	Unit

PO Box Number	City/Town/Community	Province	Postal Code

Telephone Number:	
Email Address:	

X

Second Signatory Signature	Date (DD-MM-YYYY)
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PART 4 **Nearest Relative** *(continued)*

4E – Attestation of Licensed Professional

For this section, a Licensed physician, Licensed lawyer or Licensed chartered professional accountant must sign this Attestation stating that they have known the Next-of-Kin Representative for at least 5 years and have no reason to believe that the information contained in the Attestation of the Next-of-Kin Representative is false.

I have personally known

since

Name of Next-of-Kin Representative

Date (DD-MM-YYYY)

Based on my knowledge, I have no reason to doubt the truthfulness of the information provided in their Attestation.

X

Licensed Professional's Signature

Date (DD-MM-YYYY)

Licensed Professional's Name/Title

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First Name

Middle Name

Last Name

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Licensed Professional's Title

Licensed Professional's Organization

Contact Information

--	--	--

Street Number

Street Address

Unit

--	--	--	--

PO Box Number

City/Town/Community

Province

Postal Code

--	--

Telephone Number

Email Address

PART 5 Proof of Notification

As the Next-of-Kin Representative, you must inform the Deceased Class Member's Nearest Relative(s) (as listed in Section 4B) about this Claim.

In the space provided, please:

- List each person you notified,
- Explain how and when you notified them (for example, by phone, email, or letter), and
- Describe how they responded.

You must also confirm that none of the Nearest Relative(s) object to you submitting this Claim on behalf of the Deceased Class Member. If you have written proof of these notifications and responses (such as emails), please attach copies to this Claim Form.

1. Name of person notified:

<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person
<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Other	

Date of notice: Time of notice:

Response from person notified: Objects to Claim Does not object

Response by:

<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person
<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Other	

Date of response: Time of response:

PART 5 Proof of Notification (continued)

2. Name of person notified:

<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person
<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Other	

Date of notice: _____ Time of notice: _____

Response from person notified: Objects to Claim Does not object

Response by:

<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person
<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Other	

Date of response: _____ Time of response: _____

3. Name of person notified:

<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person
<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Other	

Date of notice: _____ Time of notice: _____

Response from person notified: Objects to Claim Does not object

Response by:

<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person
<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Copy Attached	<input type="checkbox"/> Other	

Date of response: _____ Time of response: _____

PART 6 Proof of Death documentation

(Choose One)

Death Certificate

Burial Certificate

Other:

PART 7 Next-of-Kin Representative's signature

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

**SIGN
HERE:**

X

Signature of Next-of-Kin 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 **proof of my relationship** to the Deceased Class Member.

I have attached proof that I **notified** the Deceased Class Member's **Nearest Relatives** about this Claim and proof of their responses.

I have attached a copy of the Deceased Class Member's death certificate or other **proof of death**.

I have **signed and dated** this *Claim Form 4 - Next-of-Kin Representative*.

I have completed *Claim Form 1 - Application* and will submit it with this *Claim Form 4 - Next-of-Kin Representative*.



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 4 - Next-of-Kin Representative* and all required supporting documentation by **March 17, 2027**

How to submit Claim Forms



Online: Portal.NSWaitlistSettlement.ca



Email: Claims@NSWaitlistSettlement.ca



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