First Nations Flood Class Action PO Box 4454, Toronto Station A 25 The Esplanade Toronto, ON M5W 2B1

MTQ

Must Be Postmarked No Later Than July 17, 2018

Claim Form

— CLAIMANT INFORMATION ————			
First Name	M.I.	Last Name	
Primary Address			
Primary Address Continued			
City		Pro	vince Postal Code

IMPORTANT:

Before Filling Out This Form, Read This Entire Claim Form And The Accompanying Class Notice Carefully. Each Class Member Requires Their Own Claim Form.

Complete One Claim Form For Each Member Of Your Family, Including One Claim Form For Each Child.

If you would like assistance in completing this Claim Form, You can Contact the Claims Administrators at the contact information below and/or attend various Workshops that will be held on the following dates and locations in Manitoba:

RBC Convention Centre (Winnipeg, MB): April 24 & 25 Gypsumville Hall (Gypsumville, MB): April 26 & 27

If you do not require assistance, you can make a claim by completing and returning this form by regular Canada Post mail, <u>postmarked no later than July 17, 2018</u> to:

First Nations Flood Class Action PO Box 4454, Toronto Station A 25 The Esplanade Toronto, ON M5W 2B1

The Deadline to Submit this Claim in Order to be Eligible for Payment(s) is: July 17, 2018

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PART 1: PERSONAL INFORMATION

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City			Province	Postal Code										

Are you the legal representative of the Estate? OYES (If yes, attach proof) ONO

C). Legal Representation

If you have retained a lawyer to assist you with the completion/filing of this Claim for compensation in the Manitoba Flood Settlement, please provide their contact information. *Please note that if you complete this section, all future correspondence will be directed to your lawyer.*

Name of Law F	irm	ı		 											 			
Name of Lawye	er																	
Law Firm Addre	ess																	
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City													Prov	vince	Post	al Co	ode	
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Telephone num	nber						Fax	num	ber									
Email Address																		

PART 2: CLASS MEMBERSHIP

Are You (the MINOR or ESTATE) a Class Member?

In order to be eligible to participate in the Settlement, you **MUST** satisfy **BOTH** of the eligibility criteria: (i) being a member of one of the Four First Nations (identified below) and (ii) resident in Manitoba at the time of the 2011 Flooding Event.

A). Which First Nation are you (the MINOR or ESTATE) a member of?

- CLake St. Martin
- O Dauphin River
- C Little Saskatchewan
- Pinaymootang

B). Were you (the MINOR or ESTATE) ordinarily resident/living in Manitoba, either on reserve or off reserve, during the 2011 Flood?

○ Yes (If YES, attach proof of residency in Manitoba)

⊖ No

PART 3: DISRUPTION PAYMENT CLAIM

A). Check the box next to the category that describes you (or the MINOR or ESTATE for whom you are making this claim):

- \bigcirc In the spring of 2011, resided **on reserve** and was **evacuated** from the reserve.
- ◯ In the spring of 2011, resided **on reserve** but was **not evacuated** from the reserve.

O In the spring of 2011, resided **off reserve** but in Manitoba.



B). If you were evacuated, how long were you evacuated from the reserve?

- \bigcirc I was evacuated from the reserve for three (3) or more years.
- \bigcirc I was evacuated from the reserve for less than three (3) years.

C). If you were <u>NOT</u> evacuated, but remained on reserve,

(i) How long did you remain resident on the flooded reserve?

- \bigcirc I remained on the flooded reserve for three (3) or more years.
- \bigcirc I remained on the flooded reserve for less than three (3) years.

(ii) Describe your living conditions during this time:

Attach separate sheet if you require more room to describe your living conditions while remaining on reserve following the 2011 Flood.

D). If you lived off reserve, but in Manitoba at the time of the 2011 Flood, provide details and proof of residence.

Addr	ess																
City/	Towr	۱										Prov	ince	Post	al Co	de	

Proof of Residency (i.e. utility bill or banking or tax documents showing address as of the Spring of 2011), Attached: OYES ONO

PART 4: SPECIAL CIRCUMSTANCES FUND CLAIM

In addition to the Disruption Payment, an eligible Class Member may make a claim under this section for payment from the Special Circumstances Fund . This fund is meant to compensate for losses above and beyond the Disruption Payment, and any other compensation received in respect of the loss(es).

Payments awarded under the Special Circumstances Fund are in the discretion of the Claims Administrator.

PLEASE SEE THE CLASS NOTICE FOR FURTHER INFORMATION REGARDING MAKING A CLAIM UNDER THIS SECTION.

If you are making a claim under this section, you MUST provide any related supporting documents. If you require more space, please enclose additional pages as required. Amounts reported will be verified for accuracy and eligibility.

A). Which category are you (the MINOR or ESTATE) making a claim under?

O Personal Property Loss or Repair.					
1. Amount Claiming \$					
2. Any Reimbursement Received?	\bigcirc Yes \bigcirc No	If yes, Amount Received?	\$].	



O Income Loss.

	1. Amount Claiming \$
	2. Any Reimbursement Received? Yes No If yes, Amount Received?
	O Personal Injury/Health Care Costs.
	1. Amount Claiming \$
	2. Any Reimbursement Received? Yes No If yes, Amount Received? \$
B).	Describe your Claim:

PART 5: SIGNATURE AND DECLARATION

By signing and submitting this Claim Form, I certify and declare under penalty of perjury that all of the foregoing information is true and correct and all documents submitted are true, complete and correct copies. I acknowledge that any false information or documentation may result in my entire claim being denied, in which case I would not receive any compensation in this settlement.

I hold the Claims Administrators, its officers, officials, employees and volunteers harmless from any and all liabilities, claims, or suits arising out of or in connection with their assistance with the completion of this Claim Form.

Signa	gnature:													D	ated	:	 	 	 	 			
Signa	iture	of Cl	laim	ant'	s La	wyer	:(if	any):															
]
Name	of La	wyer																					-

Name of Law Firm

You can mail your Claim Form to the Claims Administrator at the following address:

First Nations Flood Class Action PO Box 4454, Toronto Station A 25 The Esplanade Toronto, ON M5W 2B1

You must submit this completed and signed CLAIM FORM so that it is postmarked by July 17, 2018 in order to make a valid claim.

Please keep a copy of this CLAIM FORM and any accompanying documents for your records.



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