

SCHEDULE C – APPENDIX 1

# SECONDARY CLASS MEMBER CLAIM FORM

I, \_\_\_\_\_,  
Print full name

of \_\_\_\_\_,  
Street name and number Apartment number, P.O. Box or RR#

\_\_\_\_\_  
City/Town/Village

\_\_\_\_\_  
Province/Territory

\_\_\_\_\_  
Postal Code

being a Primary Class Member under the Settlement Agreement, hereby request that

\_\_\_\_\_  
(Print full name)

be awarded compensation as a Secondary Class Member.

I hereby affirm that \_\_\_\_\_

is my \_\_\_\_\_, and attach to this claim proof of the relationship  
spouse, child, adoptive child  
or

I hereby affirm that I am the legal representative of \_\_\_\_\_

and have signed this form for \_\_\_\_\_, a person under disability,

and attach to this claim proof that I am the \_\_\_\_\_.  
parent, legal guardian, legal representative

I understand that eligibility for Secondary Class Member compensation to the Spouse and Children of a Primary Class Member will be determined in accordance with Schedule C to the Settlement Agreement, and that payment of compensation for Secondary Class Members will be made in accordance with paragraphs 33 to 52 of Schedule B to the Settlement Agreement, with necessary modifications.

---

**SECONDARY CLASS MEMBER CLAIM FORM**

---

\_\_\_\_\_  
**Witness Signature<sup>1</sup>**

\_\_\_\_\_  
**Primary Class Member Signature**

\_\_\_\_\_  
**Print name of the witness**

\_\_\_\_\_  
**Date** (day/month/year)

\_\_\_\_\_  
**Date** (day/month/year)

---

\_\_\_\_\_  
**Witness Signature<sup>1</sup>**

\_\_\_\_\_  
**Secondary Class Member (or guardian) Signature**

\_\_\_\_\_  
**Print name of the witness**

\_\_\_\_\_  
**Date** (day/month/year)

\_\_\_\_\_  
**Date** (day/month/year)

---

<sup>1</sup> The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)