

ParkLane Donations for Canada Class Action Claims Administrator

P. O. Box 4454
Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1



PLQ

«Barcode»

Postal Service: Please do not mark barcode

**Must Be Postmarked
No Later Than
July 31, 2017**



Claim#: PLQ-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

**PARKLANE DONATIONS FOR CANADA CHARITABLE GIFT PROGRAM
CLAIM FORM**

CHANGE OF ADDRESS ONLY

Primary Address

[Grid of 25 empty boxes for Primary Address]

Continuation of Primary Address

[Grid of 25 empty boxes for Continuation of Primary Address]

City

Province

Postal Code

[Grid of 25 empty boxes for City, Province, and Postal Code]

Section II - Only complete this Section if you are acting as a Personal Representative (executor/executrix or administrator) of an Estate.

If the Class Member is deceased, or is no longer capable of managing their own affairs and you are the executor/ executrix or administrator of the Estate or hold a valid power of attorney, please complete the information requested below, and provide the required documentation:

Estate of _____

Identification of Personal Representatives:

First Name

M.I.

Last Name

[Grid of 25 empty boxes for First Name, M.I., and Last Name]

Primary Address

[Grid of 25 empty boxes for Primary Address]

Continuation of Primary Address

[Grid of 25 empty boxes for Continuation of Primary Address]

City

Province

Postal Code

[Grid of 25 empty boxes for City, Province, and Postal Code]

Proof Attached (required): Copy of Death Certificate Copy of Appointment as Personal Representative



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Section III - Only complete this Section if you are acting as a Trustee in Bankruptcy.

If the Class Member is represented by a Trustee in Bankruptcy, please complete the following information requested below:

Name of Firm

Trustee Name

Address

Continuation of Address

City

Province

Postal Code

Proof Attached (required): Certificate of Appointment of Trustee **Section IV - Cash Donations to the ParkLane Donations for Canada Gift Program between 2005 and 2009:****Cash Donation Amount:****Agree (Y/N)?****If incorrect, list correct amount and year:**

«Donation1»

«Donation2»

«Donation3»

«Donation4»

«Donation5»

If the donation information listed is not correct, or is incomplete, or missing entirely, please list the correct/missing cash donation amount and year the donation was made.

You must also submit documentation to substantiate your donation. Acceptable documentation includes:

(Fill in relevant circle)

Copy of Original Contract Documents with ParkLane Copy of Charitable Tax Receipt referencing the Tax Shelter Number Copy of Notice of Reassessment by Canada Revenue Agency

All information provided by the Claimant is used for the sole purpose of verifying identity. The Administrator uses this information pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA).

By signing this Claim Form you declare that the information on this form is true, correct and complete to the best of your knowledge, information and belief.

Signature: _____

Dated: _____

Print Name: _____

To receive payment you must complete and sign this claim form and return it to the Administrator. Claim forms must be postmarked NO LATER THAN JULY 31, 2017 to:

PARKLANE FUNDS ADMINISTRATOR

P.O. Box 4454

Toronto Station A

25 The Esplanade

Toronto, ON M5W 4B1

www.parklanesettlement.ca

Toll Free: 1-888-663-7194

parklane@npricpoint.com

