COMMON EXPERIENCE PAYMENT

How to make sure your application is processed quickly

To avoid delays, please make sure to:

- include approved identity documents;
- list the full name, as well as all names the person you are applying for were known by at residential school(s);
- include your complete mailing address, including the postal code; and
- sign your application.

What you can do if you do not have one of the required documents:

- If you have any questions about the application form, please contact Crawford Class Action Services at 1-866-640-9992 for assistance. TTY users can use 1-877-627-7027. Both numbers are toll-free.
- If you do not complete your application in full, or if you forget to sign it, our processing of your application will be delayed.
- If you cannot provide an original or certified true copy of one of the documents required to verify a change of name, you may submit a guarantor declaration (see attached). For more information on using guarantor declarations to demonstrate a change of name, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027).
- If more documentation is needed than what is asked for on the application form, you will be contacted directly by phone or mail.

Your application will be processed as quickly as possible, and you will be notified within 60 days of our making a decision. For information about the status of your application, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027). Both numbers are toll-free.

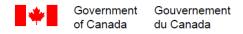


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APPLICATION FOR COMMON EXPERIENCE PAYMENT FOR PERSONAL REPRESENTATIVE(S)

SECTION A:				
	C French			
Language Preference: English	□ French			
First Name (Current)	Middle Name(s) (if app	licable)	Last Name(s)	
OTHER NAME(S) BY WHICH YOU WERE	KNOWN AT RESIDEN	TIAL SCI	HOOL(S) AND/O	R TRADITIONAL NAME
Please provide all names including name at bird	h and common alternate s	pellings an	d nicknames (exarr	nple: Celina, Lena).
First Name(s)	Middle Name(s) (if ap	olicable)	Last Name(s)	
Full names of mother, father and/or gua	.,,	-		
(Guardian(s)/caregiver(s) may be traditional			•	
Providing this information is not required for	or eligibility but may help	us in con	inming your scho	or experience.
Mother (maiden/birth name) Firs	t Name		Last Name	
			Last Name	
Father Firs	t Name		Last Name	
Guardian(s)/Caregiver(s) (if applicable) Firs	t Name		Last Name	
Relationship of guardian(s)/caregiver(s) to	the former student			
(for example, aunt, grandmother, friend, etc)				
2. CURRENT ADDRESS				
ADDRESS (No., Street, Apt., R.R., P.O. Bo	x)	City/Tow	vn/Community	
Province/Territory/State	Country	Postal/Z	ip Code	Telephone number
MAILING ADDRESS (No., Street, Apt., R.R., P.O. Box)Ci			City/Town/Community	





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Province/Territory/State	Country	Po	ostal/Zip Code	Telephone number
3. DATE AND PLACE OF BIRTH OF FOR	MER STUDENT	r i		
YYYY / DD / MM	PROVINCE/T	TERRITOR	Y/STATE	COUNTRY
4. STATEMENT BY ATTENDING PHYSIC student only)	IAN (for application	ations on k	behalf of a menta	Ily incompetent former
A signed medical statement by the attending physician must be submitted with your application form if you are applying as the legal Personal Representative for a former student who is mentally incompetent. Please check the box below confirming you have attached the required document. Please see Section C for information.				
I have attached a copy of a signed medical	statement: Yes	s 🗆		
5. PLEASE INDICATE WHICH GROUP TH	HE FORMER ST		LONGED TO AT	RESIDENTIAL SCHOOL(S)
□Status Indian □Non-Status Indian □Métis □ Inuit (Nunavut) □Inuit (Québec) □Inuvialuit □Non-Aboriginal				t (Nunavut)
The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles.				
6. PROOF OF IDENTITY REQUIRED				
Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting:				
Key Documents:				
 Original Birth Certificate OR 				
 Two of the following, one of which must have a photograph: Certificate of Indian Status Provincial/Territorial Driver's License Provincial/Territorial Health Card Canadian Passport Government of Nunavut or Yukon or Northwest Territories General Identification Card 				
If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:				





 Marriage Certificate / Registration Divorce Decree Legal Change of Name Document Adoption Papers 					
7. INDIAN RESIDENTIAL SCHOOL(S) A	T WHICH THE F	ORMER STUDE	NT RESIDED		
To the best of your memory, please indicate the dates for when the former student resided and when the former student left Kivalliq Hall. Note : If the former student left the residence for a period of time (not including vacation and/or holidays), then later returned to the residence, please list the dates the former student returned and left.					
SCHOOL #140 – Kivalliq Hall From	То				
MM / YYY		ΜΜ / ΥΥΥΥ	,		
From	То				
MM / YYY	ſY	ΜΜ / ΥΥΥΥ	,		
From	То				
MM / YYY	ſY	ΜΜ / ΥΥΥΥ	,		
From	То				
MM / YYYY MM / YYYY SECTION B: INFORMATION ABOUT THE APPLICANT (Person applying on behalf of the minor, mentally incompetent person) Please see Section C for additional information.					
1. IDENTIFICATION					
Language Preference: English Eirot Name (Current)	Frer		Lost Nomo(a)		
First Name (Current) Middle Name (if applicable) Last Name(s)					
2. MAILING ADDRESS (No., Street, Apt., R.R., P.O. Box) City/Town/Community					
Province/Territory/State	Country	Postal/2	Zip Code	Telephone number	





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3. PLEASE INDICATE RELATIONSHIP TO THE FORMER STUDENT AND PROVIDE PROOF AS INDICATED IN SECTION C.

On behalf of a Minor former student:

- □ Tutor
- Person/Party appointed to administer minor's affairs

On behalf of a Mentally Incompetent former student:

- □ Tutor
- Committee Guardian
- □ Curator of the Person
- D Public Trustee or their equivalent

I hereby apply for a Common Experience Payment and declare that the former student named in this application is at present unable to manage his or her own affairs by reason of mental incompetence or is a minor as determined by the province or territory in which they reside, and that I am the former student's legal Personal Representative for the purpose of applying for and receiving the Common Experience Payment.

SIGNATURE

4. PROOF OF IDENTITY REQUIRED (Person applying on behalf of the minor or mentally incompetent person)

Proof of your identity is required. See Section C for information. Please check which documents you are submitting.

Key Documents:

Original Birth Certificate

OR

Two of the following, one of which must have a photograph:

- □ Certificate of Indian Status
- D Provincial/Territorial Driver's License
- D Provincial/Territorial Health Card
- □ Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

- □ Marriage Certificate / Registration
- Divorce Decree
- □ Legal Change of Name Document
- □ Adoption Papers





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SIGNATURE

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

Applicant's Signature

YYYY / MM / DD

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Crown-Indigenous Relations & Northern Affairs Canada in order to determine the former student's eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act* (DESDA). I have the right to request access to the personal information of the former student pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

SIGNATURE WITH A MARK

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

Witness' first name, initial and last name

Address of Witness (No., Street, Apt., R.R., P.O. Box)		City/Town/Community		
Province/Territory/State	Country	Postal/Zip Code	Telephone number	

If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the contents of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness

YYYY/ MM / DD





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NO NEED TO RETURN PAGES 6-8 WITH APPLICATION

SECTION C: DOCUMENT REQUIREMENTS

(Applicant applying on behalf of a minor or mentally incompetent former student)

I. IDENTITY DOCUMENTS

Please Note: Identity documents must be submitted to substantiate the identity of both the former student and the legal Personal Representative applying on their behalf.

1. You must submit the original birth certificate with the application form. They will be returned to you once identities have been verified.

OR

2. If you do not have the original birth certificate, you may provide two (2) of the following documents for both the deceased and the estate representative, one of which must have a photograph:

- Certificate of Indian Status (issued by Crown-Indigenous Relations & Northern Affairs)
- Provincial / Territorial Driver's Licence
- Provincial / Territorial Health Card
- Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

3. If you choose to mail the former student's application and the original birth certificate is not available, you must submit certified true copies of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertain to the former student's identity and to the personal representative's identity. This individual must be a Canadian citizen residing in Canada and must be available to Service Canada for verification.

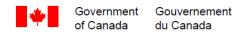
Please note that you cannot certify a copy of your own documents.

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "*I certify this to be a true copy of the original*". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "*I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen and have known the applicant personally for at least two years.*" On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

The following can certify the documents:

- Chief or Councillor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tunngavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)





- Magistrate

- Mayor
- Medical doctor
- Minister of religion authorized under provincial law to perform marriages
- Notary public
- Officer of the Kivalliq Inuit Association
- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

PLEASE NOTE:

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

II. PROOF OF LEGAL AUTHORITY TO ACT ON BEHALF OF A FORMER STUDENT

To apply for the Common Experience Payment on behalf of a former student, you must be a legally recognized representative of that person. Please provide a copy of the legal documentation that allows you to represent the former student (for example, Power of Attorney). The legal document should clearly state, in detail, what powers the representative has and how they are to be executed.

III. STATEMENT BY ATTENDING PHYSICIAN (Applications on behalf of mentally incompetent former students only)

To apply for the Common Experience Payment on behalf of a former student who is mentally incompetent, an attending physician must attest to the former student's incompetence. A signed medical statement or report must be submitted on the attending physician's letterhead attesting to the former student's incapacity to self-represent due to being mentally incompetent. The signed statement or report must be dated no earlier than two years prior to the submission of the Common Experience Payment application form.





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IV. SUBMITTING YOUR APPLICATION

You may submit your application by mail or in person at Service Canada Centre locations. If you are applying by mail, please submit your application to:

CEP Processing Centre PO BOX 8232, Station T Ottawa, Ontario K1G 3H7

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application. Service Canada operates within the Department of Employment and Social Development. To find a Service Canada Centre near you go to <u>www.servicecanada.gc.ca</u> *OR* call 1-800-O-Canada (1-800-622- 6232)





GUARANTOR DECLARATION Used to support Identity validation of Applicant (Former Student or Personal Representative) Must be accompanied by CEP application

This Guarantor Declaration will be accepted to establish that the current name used by the applicant in the CEP application is the same name by which the applicant is known to the guarantor. Service Canada may contact the guarantor to verify their declaration.				
Please place a check mark ag	gainst the statement below that app	lies to your situation		
This Guarantor Declaration is	submitted when the Common Exp	erience Payment (CI	EP) applicant cannot :	
□ Submit an identity docu	ment with a photograph as requir	ed in support of the	e CEP application.	
\Box Obtain the identity docu	ment(s) required in support of th	e CEP application.		
\Box Obtain the identity docu	ments outlined in the CEP applic	ation that support a	a change of name.	
Please ensure that a completed and signed application for the Common Experience Payment along with the supporting documentation (e.g. identity documents) where relevant, is also submitted. Service Canada may contact the persons identified in this form to verify their declaration.				
1. APPLICANT'S INFORMAT	ΓΙΟΝ			
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	YYYY / MM / DD	
Current Address:				
(P.O. Box, Street No., Stree	t, Apt., R.R.) City/Tow	n/Community		
Province/Territory/State	Postal/Zip Co	de	Country	
Date of Birth (YYYY / MM /	DD) Telephone Number	CEP Applic	ation Reference Number	

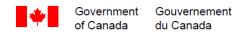


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2. Signature					
	nat the information I have provided in this form is tru audulent statement could result in criminal prosecut				
Signature	ΥΥΥΥ / ΜΜ /	/ DD			
I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the <i>Privacy Act</i> and the <i>Department of</i> <i>Employment and Social Development Act</i> (DESDA). I have the right to request access to my personal information pursuant to the <i>Privacy Act</i> , and I am aware that the information may be used or disclosed within the conditions set out in the <i>Privacy Act</i> , DESDA and outlined in the Personal Information Bank (ESDC PPU 100).					
3. SIGNATURE WITH A MARK	(
	nple symbol/"X"), the mark must be made in the pre s must provide the following information:	esence of a witness. A witness			
WITNESS'S INFORMATION					
First Name(s)	Middle Name(s) (if applicable)	ast Name(s)			
Relationship to the Applicant	:				
Address of Witness:					
(P.O. Box, Street No., Street, A	Apt., R.R.) City/Town/Community				
Province/Territory/State	Postal/Zip Code	Country			
If signed with a mark, the with	ess must also sign the following declaration:				
I have read the contents of this made his or her mark in my pr	s form to the applicant who understands and confirr resence.	ns the complete contents and who			
Signature of Witness		YYYY / MM / DD			





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4. GUARANTOR INFORMATION					
Language Preference: English French					
First Name(s)	Middle Name(s) (if applicable)		Last Name(s)		
5. MAILING ADDRESS OF GUARANT	OR				
Name of examination (if employed)					
Name of organization (if applicable) (P.O. Box, Street No., Street, Apt., R.I	R.)		City/Town/Community		
(····, ···, ····, ····, ····, ···, ···,					
Province/Territory/State	Postal/Zip Code		Country		
6. TELEPHONE NUMBERS OF GUAR					
0. TELEPHONE NUMBERS OF GUAR	ANTOR				
Home	Business		Cell/Other		
7. OCCUPATION OF GUARANTOR					
Please indicate your occupation:					
□ Chief or Councillor of First Nations	Band Council		igion authorized under provincial law		
Council of the Métis Settlements		to perform marriages			
\Box General Council and Members of the theorem of the temperature of tem		 Notary public Officer of the Kivalliq Inuit Association 			
Saskatchewan Provincial Métis Co					
Members of the Saskatchewan Pro	vincial				
		Police officer (municipal, provincial or RCMP)			
Dentist Section 2011 - Contract Transmittence		Postmaster Principal of a primary of a secondary school			
Executive Officer of Nunavut Tunngavik Inc Executive Officer of Inviteduit Degiced Corporation		 Principal of a primary or secondary school Professional accountant (APA, CA, CGA, CMA, 			
Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations		PS, RPA)			
(Northwest Territories)		Professional engineer (P. Eng., Eng. In Québec)			
Executive Officer of Makivik (Northern Québec)		□ Senior administrator in a community college			
		(includes CEGEPs) □ Senior administrator or teacher in a university			
\Box Lawyer (member of a provincial bar association)			r with MSW (Masters in Social Work)		
□ Notary in Québec		Veterinarian	· · · · · · · · · · · · · · · · · · ·		
□ Magistrate					
□ Mayor					
Medical doctor					





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8. GUARANTOR DECLARATION:

I hereby declare that I have known the applicant as _

(PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years. My signature indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Name (print)

Guarantor's Signature

YYYY/MM/DD

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and *Department of Employment and Social Development Act* (DESDA). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

To be mailed to:

CEP Processing Centre PO BOX 8232, Station T Ottawa, Ontario K1G 3H7

