Submission Deadline:
September 3, 2027

Tobacco Claims Canada
Claims Administrator
P.O. Box 2958 STN B
Ottawa ON K1P 5W9

Pan-Canadian Claimants' (PCC) Compensation Plan
CLAIM FORM

GENERAL INSTRUCTIONS

Submit Your Claim Online:
You can scan the QR code or visit
www.TobaccoClaimsCanada.ca
to file your claim. If you file your claim online, it must be submitted by
5:00 p.m., Pacific Time, on September 3, 2027.

This Claim Form must be completed and submitted with the Claims Administrator, along with the necessary accompanying documents, by **no later than the deadline of September 3, 2027** by 5:00 p.m., Pacific Time, in order to receive financial compensation from the PCC Compensation Plan.

You do **not need a lawyer** to file a claim under the PCC Compensation Plan. Epiq, the official PCC Agent, can help you file your claim, at no additional cost to you. If you need any assistance, please reach out to Epiq at the following contact information:

Phone: 1-888-482-5852

Email: PCCAgent@TobaccoClaimsCanada.ca

Website: www.TobaccoClaimsCanada.ca/en/HomePCC

The PCC Compensation Plan and Eligibility Criteria

The PCC Compensation Plan will provide compensation to individuals who meet the PCC Eligibility Criteria, described below, and who submit a complete claim with supporting documents by the deadline. Such individuals are referred in this PCC Claim Form as "Tobacco-Victim(s)".

The PCC Compensation Plan will also provide compensation to the estates of Tobacco-Victims who were alive on March 8, 2019, and meet all other eligibility criteria. The Legal Representative of the Estate of a deceased Tobacco-Victim may make a claim on behalf of the Estate.

This PCC Claim Form should be used by:

- A Tobacco-Victim making a claim on their own behalf;
- A Representative of a living Tobacco-Victim with a mandate or power of attorney to represent the Tobacco-Victim; or
- A Representative of a deceased Tobacco-Victim with a mandate or legal authority to represent the Estate of the Tobacco-Victim (such as an Executor, or Estate Administrator).

To be eligible to receive financial compensation, the Tobacco-Victim must meet **all** of the following **PCC Eligibility Criteria**. They must:

1. reside in any Province or Territory in Canada (or if deceased, have resided in Canada at the time of their death);
2. have smoked a minimum of twelve pack-years (i.e. 87,600 cigarettes) sold by the Canadian Tobacco Companies **between January 1, 1950 and November 20, 1998**;

   Note: You may use the calculator available at **www.TobaccoClaimsCanada.ca/en/HomePCC/Calculator** to help determine the number of cigarettes the Tobacco-Victim smoked.
3. have been diagnosed **between March 8, 2015 and March 8, 2019** (inclusive) with:
   - **(a)** Primary lung cancer; or
   - **(b)** Primary cancer (squamous cell carcinoma) of the larynx, oropharynx, or the hypopharynx (throat cancer); or
   - **(c)** Emphysema or COPD (GOLD Grade III or IV).
4. have resided in any Province or Territory in Canada on the date of diagnosis with lung cancer, throat cancer, or emphysema or COPD (GOLD Grade III or IV);

   AND
5. have been alive on **March 8, 2019.**

Claims Deadline

The PCC Claim Form together with the required supporting documents must be submitted to the Claims Administrator by **no later than 5:00 p.m., Pacific Time, on September 3, 2027.**

Some documents can take time to obtain. Please take immediate steps to obtain all of the required documents to ensure you meet the deadline.

How to File a Claim

You can file your Claim Form with supporting documents in any of the following ways:

- **Online**, through the Claims Administrator's website at **www.TobaccoClaimsCanada.ca**
  Email to **info@TobaccoClaimsCanada.ca**
- **Fax** to 1-866-262-0816
- **Registered Mail**, sent to the following address, postmarked by September 3, 2027:

Tobacco Claims Canada
Claims Administrator
P.O. Box 2958 STN B
Ottawa ON K1P 5W9

Your claim will be deemed to be received **only when the Claim Form and all supporting documents are received by the Claims Administrator.** Claimants will be sent an Acknowledgement of Receipt of Claim by email or mail once their Claim Form with supporting documents has been received by the Claims Administrator. You must keep the record of transmission of your Claim Form until you receive the Acknowledgement of Receipt of Claim.

PLEASE DO NOT SUBMIT YOUR CLAIM MORE THAN ONCE OR THROUGH MULTIPLE METHODS.

The Quebec Administration ("QCAP Plan") and Eligibility Criteria

If the Tobacco-Victim does **not meet** the above PCC Eligibility Criteria, and **resides or resided in Quebec**, they may still be eligible to receive compensation under a separate compensation plan called the Quebec Class Action Administration Plan ("**QCAP Plan**"). To qualify under the QCAP Plan, the Tobacco-Victim must meet all of the following criteria. They must:

1. reside in Quebec (or if deceased, have resided in Quebec at the time of their death);
2. have smoked a minimum of twelve pack-years (i.e. 87,600 cigarettes) sold by the Canadian Tobacco Companies between **January 1, 1950 and November 20, 1998**;
3. have been diagnosed **before March 12, 2012** with:
   - **(a)** Primary lung cancer; or
   - **(b)** Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer); or
   - **(c)** Emphysema or COPD (GOLD Grade III or IV).
4. have resided in Quebec on the date of diagnosis with lung cancer, throat cancer, emphysema or COPD (GOLD Grade III or IV);

   AND
5. have been alive on **November 20, 1998**.

Compensation may also be available to the estates or heirs of Tobacco-Victims who died after November 20, 1998, as well as to the estates or heirs of the heirs of Tobacco-Victims who died after November 20, 1998.

A Tobacco-Victim will only be eligible for compensation under one plan and will be paid for the disease and under the plan which provides the highest amount of compensation. You cannot make a claim under both plans.

If you think you have a claim under the QCAP Plan, please apply to the QCAP Plan, through the QCAP Agent (Proactio). The QCAP Agent (Proactio) will verify if you have a claim under the PCC Compensation Plan that could result in higher compensation for you, and if appropriate, will transfer your claim to the PCC Agent. The QCAP Agent (Proactio) can be reached at:

Phone: 1-888-880-1844
Email: tabac@proactio.ca
Website: www.RecoursTabac.com

If you need any assistance determining under which plan to file, please contact the Claims Administrator.

Privacy and Confidentiality Declaration by the Claims Administrator

By submitting this Claim Form, the Tobacco-Victim or Representative of the Tobacco-Victim, as applicable, confirms that they have reviewed and agree to the collection, use, and disclosure of personal information as described below.

All personal information collected by the Claims Administrator through the Claims Process will be kept confidential in accordance with the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 and the Privacy Policy found on the Claims Administrator's website at **www.TobaccoClaimsCanada.ca/en/Home/Privacy**. This information is collected only for the purpose of administering the PCC Compensation Plan and to assess the PCC-Claimant's eligibility to receive compensation.

The personal information of the Tobacco-Victim, including personal health information, may be collected, used, and disclosed by the Claims Administrator and the PCC Agent to provide Agent and Claims Administration services. It will not be disclosed without the express written consent of the Tobacco-Victim or the Representative of the Tobacco-Victim, except as provided for in the PCC Compensation Plan, as required by law or Court Order, or if it is necessary to share with a future Court-appointed Claims Administrator in connection with the PCC Claims Process. This information may not be used or disclosed for any other purpose.

PART 1: INFORMATION ABOUT THE TOBACCO-VICTIM

IMPORTANT: If you have questions or require any assistance, contact the PCC Agent free of charge. For additional information, please visit the Claim Administrator's website at **www.TobaccoClaimsCanada.ca**.

If you are the Representative of a Tobacco-Victim, living or deceased, please read **Attachment A** before completing this Claim Form.

The Tobacco-Victim

1) Tobacco-Victim's full legal name?

Last Name:

First Name:

Middle Name (if applicable):

2) Tobacco-Victim's date of birth (DD/MM/YYYY):

3) Tobacco-Victim's Health Insurance Card Number:

4) Province/Territory that issued the Tobacco-Victim's Health Insurance Card:

5) Did the Tobacco-Victim reside in Canada on the date of diagnosis with primary lung cancer, primary squamous cell carcinoma of the larynx, oropharynx, hypopharynx (throat cancer), emphysema or COPD (GOLD Grade III or IV)?

❑ Yes - in a Province or Territory outside of Quebec ❑ Yes - in Quebec ❑ No

Province/Territory:

6) Does the Tobacco-Victim currently reside in Canada?

❑ Yes ❑ No ❑ Not Applicable — the Tobacco-Victim is deceased

Note: To be entitled to compensation, the Tobacco-Victim must have been a resident of Canada at the time of diagnosis as well as a resident of Canada at the time of submitting the Claim Form to the Claims Administrator, if living, or on the date of death, if deceased.

Representative of Tobacco-Victim

If you are the Tobacco-Victim, you do not need to fill out Questions 7 through 9. Please proceed to Question 10.

*Representative of **Living** Tobacco-Victim*

Please only fill out Question 7 and 8 if you are the Representative of a living Tobacco-Victim.

7) Full legal name of the Representative of the living Tobacco-Victim:

Last Name: First Name:

Note: The Representative must attach documents to verify their authority to make a claim on behalf of the living Tobacco-Victim. See **Attachment A, Section 2** for the list of acceptable documents required to prove the Representative's legal authority to submit a claim on behalf of a living Tobacco-Victim.

8) Pursuant to what document listed in **Attachment A, Section 2** is the Representative acting?

❑ **I acknowledge that I must attach a copy of the document listed in Attachment A, Section 2 with the PCC Claim Form and submit it with my completed Claim Form to the Claims Administrator by the deadline.**

*Representative of **Deceased** Tobacco-Victim*

Please only fill out Questions 9a to 9e if you are the Representative of a deceased Tobacco-Victim.

9a) Was the Tobacco-Victim alive on March 8, 2019? ❑ Yes ❑ No

9b) Did the Tobacco-Victim reside in Canada on the date of their death? ❑ Yes ❑ No

9c) What is the Tobacco-Victim's date of death? (DD/MM/YYYY)

9d) Full legal name of the Representative of the estate of the deceased Tobacco-Victim:

Last Name: First Name:

Note: The Representative must attach documents to prove the Tobacco-Victim's death and date of death and verify their authority to make a claim on behalf of the estate of the deceased Tobacco-Victim. See **Attachment A, Section 1** for the list of acceptable documents required to prove the Tobacco-Victim's death and date of death and the Representative's legal authority to submit a claim on behalf of the estate of the deceased Tobacco-Victim.

9e) Pursuant to what document listed in **Attachment A, Section 1B** is the Representative acting?

❑ **I acknowledge that I must attach a copy of the documents listed in Attachment A, Sections 1A and 1B with the PCC Claim Form and submit them with my completed Claim Form to the Claims Administrator by the deadline.**

Contact Information

Note: If you are the Tobacco-Victim, insert your mailing address and contact information. If you are the Representative of a living Tobacco-Victim or the Representative of the Estate of a deceased Tobacco-Victim, provide your own mailing address and contact information.

10) Provide your mailing address:

Number: | Street Name: | Apartment/Suite/PO Box No.:

City/Town: | Province: | Postal Code: | Country:

11) Provide your contact information:

Phone: | Email:

12) Which language should be used for communication?

❑ French ❑ English

13) What is your preferred method of contact?

❑ Telephone ❑ Email ❑ Mail

PART 2: PROOF OF DIAGNOSIS

Diagnosis Between March 8, 2015 and March 8, 2019 (inclusive)

14) Was the Tobacco-Victim diagnosed with any of the following diseases **between March 8, 2015 and March 8, 2019 (inclusive)**? For all that apply, indicate the date of diagnosis and the place where the Tobacco-Victim resided on the date of diagnosis. If you do not recall the exact date of the Tobacco-Victim's diagnosis, please provide the most accurate estimate possible, as this information will be verified by the Claims Administrator.

Note: The place of residence is the Province or Territory that issued the Tobacco-Victim's health insurance card and/or driver's license.

❑ **Primary Lung Cancer**

Date of diagnosis: (DD/MM/YYYY) | Place of residence on date of diagnosis

❑ **Primary squamous cell carcinoma of the larynx, oropharynx, or hypopharynx (Throat Cancer)**

Date of diagnosis: (DD/MM/YYYY) | Place of residence on date of diagnosis

❑ **Emphysema or COPD (GOLD Grade III or IV)**

Date of diagnosis: (DD/MM/YYYY) | Place of residence on date of diagnosis

Note: In the case of recurrence or relapse, please indicate the date of the first diagnosis only

Proof of the Tobacco-Victim's Diagnosis

15) Medical documentation is required to confirm the Tobacco-Victim's diagnosis. For Quebec PCC-Claimants only, you may authorize and the Claims Administrator may thereafter request confirmation of your diagnosis from Quebec health registries. For all other Claimants, you are responsible for obtaining and submitting this documentation. Obtaining medical records can take time. We encourage you to begin the process as early as possible to avoid delays.

[For Quebec PCC-Claimants only]

❑ **I hereby authorize the Claims Administrator to obtain a copy of the Tobacco-Victim's medical information relating to the diseases/diagnoses referenced in Question 14 above, and authorize the PCC Agent or QCAP Agent, MSSS and/or the RAMQ, as applicable, to provide the Claims Administrator with copies of any of the following documents:**

- **A confirmation of the Tobacco-Victim's diagnosis from the Quebec Cancer Registry;**
- **An extract from RAMQ files confirming the Tobacco-Victim's diagnosis;**
- **An extract from the MED-ÉCHO database confirming the Tobacco-Victim's diagnosis; and**
- **All other medical files relating to the Tobacco-Victim.**

If an official confirmation of disease/diagnosis cannot be made through these means, the Claims Administrator will contact you to request the submission of an alternative method of proof. Do not submit any alternative evidence unless it has been explicitly requested by way of a Notice from the Claims Administrator titled "Notice to Provide Alternative Proof."

[For Tobacco-Victims resident in all other Provinces and Territories, or Quebec PCC-Claimants who do not provide the authorization above]

❑ **I acknowledge that I must attach a copy of at least one of the documents listed in Question 16 with the PCC Claim Form and submit it with my completed Claim Form to the Claims Administrator by the deadline.**

16) Unless you are a Quebec PCC-Claimant who has provided the authorization noted in Question 15, you **must attach at least one** of the following documents to verify the diagnosis and date of diagnosis between March 8, 2015 and March 8, 2019 (inclusive). Please check which document is attached as part of your Claim.

Primary Documents:

❑ For Lung Cancer or Throat Cancer - A copy of a pathology report confirming the diagnosis.

❑ For Emphysema or COPD (GOLD Grade III or IV) - A copy of a report of a spirometry test (performed between March 8, 2015 and March 8, 2019) that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value to first establish a diagnosis of Emphysema or COPD (GOLD Grade III or IV).

If you are unable to provide one of the above documents, you may instead submit one of the following alternatives:

❑ A copy of an extract from the Tobacco-Victim's medical file; or

❑ A completed Physician Form (available on www.TobaccoClaimsCanada.ca); or

❑ A written statement from a Physician (of the Tobacco-Victim, or another physician having access to the medical record), along with at least one of the following records:

- For Lung Cancer or Throat Cancer: pathology report; operative report; biopsy report; MRI report; CT scan report; PET scan report; x-ray report; and/or sputum cytology report; or
- For Emphysema or COPD (GOLD Grade III or IV): spirometry report or CT scan.

Note: The PCC Agent can provide guidance on how to obtain the necessary documents for your Claim. However, the PCC Agent cannot guarantee that records will be located or that the records obtained will meet the PCC Compensation Plan's evidentiary requirements. The PCC Agent accepts no responsibility if records cannot be obtained or if the records are incomplete, inaccurate, or insufficient to support your Claim. You are responsible for obtaining and submitting the documentation in support of your Claim.

PART 3: AUTHORIZATION TO REQUEST, DISCLOSE AND RELEASE RECORDS

17) I understand that in order to process this Claim, it will be necessary for personal medical information relating to the Tobacco-Victim to be disclosed to the Claims Administrator and the PCC Agent. This may include personal health information held by physicians, health care professionals, hospitals, clinics, public health registries, databases, or other third parties involved in the diagnosis or treatment of the Tobacco-Victim. For Quebec Tobacco-Victims, this may include the MSSS and/or RAMQ information as noted above.

By signing and submitting this Claim Form, I authorize the Claims Administrator and the PCC Agent to request and obtain copies of the Tobacco-Victim's medical information, including extracts from any public health registries or databases, for the purpose of confirming the diseases and diagnoses referenced in Question 14 of this Form. I further authorize any medical professional, public health registry, hospital or agency to provide the Claims Administrator and the PCC Agent with copies of any such medical information.

I understand that this information will be used and disclosed solely as necessary to administer the Claim in accordance with the PCC Compensation Plan and the court-approved CCAA Plans.

❑ **By checking this box, I understand and agree to the above authorization.**

PART 4: PROOF OF SMOKING HISTORY

18) The Tobacco-Victim started smoking cigarettes:

❑ Before January 1, 1976; ❑ On or after January 1, 1976.

19a) Between January 1, 1950 and November 20, 1998, the Tobacco-Victim smoked approximately _____cigarettes per day for approximately _____years.

OR

19b) If the number of cigarettes the Tobacco-Victim smoked varied between January 1, 1950 and November 20, 1998, provide a summary below of the number of cigarettes the Tobacco-Victim smoked during that period of time:

a) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

b) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

c) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

d) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____;

e) Smoked approximately _____cigarettes per day between (YYYY) _____and (YYYY) _____.

If more space is needed, attach additional sheet(s) to this Claim Form

Note: You may use the calculator available at **www.TobaccoClaimsCanada.ca/en/HomePCC/Calculator** to help determine the number of cigarettes the Tobacco-Victim smoked.

20) The Tobacco Victim regularly smoked the following brands of cigarettes (select all that apply):

- ❑ **Accord**
  - Accord KF
- ❑ **Avanti/Light**
- ❑ **B&H**
  - B&H 100 Del.UL.LT/MEN
  - B&H 100 F
  - B&H 100 F Menthol
  - B&H Light Menthol
  - B&H Lights
  - B&H Special KF
  - B&H Special Lights KF
- ❑ **Belmont**
  - Belmont KF
- ❑ **Belvedere**
  - Belvedere Extra Mild
- ❑ **Camel**
- ❑ **Cameo**
  - Cameo Extra Mild
- ❑ **Craven "A"**
  - Craven "A" Special
  - Craven "A" Light
  - Craven "A" Ultra Light/Mild
- ❑ **Craven "M"**
  - Craven "M" KF
  - Craven "M" Special
- ❑ **du Maurier**
  - du Maurier Light
  - du Maurier Special
  - du Maurier Ultra Light
- ❑ **Dunhill**
  - Dunhill KF
- ❑ **Export**
  - Export "A"
  - Export "A" Lights
  - Export "A" Medium
  - Export "A" Extra Light
  - Export "A" Special Edition
  - Export "A" Ultra Light
  - Export Mild
  - Export Plain
- ❑ **LD**
- ❑ **Macdonald**
  - Macdonald Menthol
- ❑ **Mark Ten**
  - Mark Ten Filter
- ❑ **Matinee**
  - Matinee Extra Mild
  - Matinee Slims/Menthol
  - Matinee Special/Menthol
- ❑ **Medallion**
- ❑ **More**
- ❑ **North American Spirit**
- ❑ **Number 7**
  - Number 7 Lights
- ❑ **Peter Jackson**
  - Peter Jackson Extra Light KF
- ❑ **Player's**
  - John Player's Special
  - Player's Extra Light
  - Player's Filter
  - Player's Light
  - Player's Medium
  - Player's Plain
- ❑ **Rothmans**
  - Rothmans Extra Light
  - Rothmans KF
  - Rothmans Light
  - Rothmans Special
  - Rothmans UL LT KF
- ❑ **Select Special/Ultra Mild/Menthol**
- ❑ **Spirit**
- ❑ **Vantage**
  - Vantage KF
  - Vantage Light/Menthol
- ❑ **Viscount**
  - Viscount #1 KF
  - Viscount Extra Mild/Menthol
- ❑ **Winston**

PART 5: STATUTORY DECLARATION AND SIGNATURE

INSTRUCTIONS TO COMPLETE STATUTORY DECLARATION

The Tobacco-Victim or Tobacco-Victim's Representative must sign the Statutory Declaration below:

I, _____, solemnly declare that the information provided on this Claim Form is true and correct, does not include false claims, and that the documents submitted in support of my claim are genuine and have not been modified in any way whatsoever.

I make this solemn declaration conscientiously believing it to be true and correct and knowing that it is of the same force and effect as if made under oath.

Where someone has helped me with this Claim Form, or where an interpreter was used, that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true and correct, and does not include false claims.

I am not making any false or exaggerated Claims to obtain compensation that I am not entitled to receive.

Dated this _____ day of _____ , 20_____.

_____

Signature of Tobacco-Victim or the Representative of Tobacco-Victim

ATTACHMENT A:
ACCEPTABLE PROOF OF LEGAL AUTHORITY DOCUMENTS

SECTION 1 - Documentation Required if the Tobacco-Victim is deceased.

If the Tobacco-Victim is still alive, please see ***SECTION 2 - Documentation Required if the Tobacco-Victim is alive at the time of filing the Claim*** *(below).*

If the Tobacco-Victim is deceased, but was alive **on March 8, 2019**, their estate may still be eligible for compensation under the PCC Compensation Plan.

Section 1A) The Representative **must attach at least one** of the following documents (a certified copy, photocopy, or certified electronic extract of the document will be accepted by the Claims Administrator) to this Claim Form and submit it to the Claims Administrator by the deadline:

- Death Certificate or Certificate of Death;
- Short Form Death Certificate;
- Long Form Death Certificate;
- Registration of Death or Death Registration;
- Registration of Death or Death Registration with Cause of Death Information;
- Medical Certificate of Death issued by an attending doctor or a coroner;
- Interim Medical Certificate of Death issued by an attending doctor or a coroner;
- Statement of Death issued by a funeral service provider;
- Memorandum of Notification of Death issued by the Chief of National Defense Staff; or
- Statement of Verification of Death from the Department of Veterans Affairs.

Section 1B) Additionally, you **must attach** documentation of your legal authority based on the province or territory where the deceased Tobacco-Victim resided at the time of their death.

Province where the deceased Tobacco-Victim lived at time of death	Acceptable Documents (Choose one of the following)
The Tobacco-Victim has Indian Status and resided on a reserve or on Crown lands	➢ Notice of Appointment as Estate Administrator or Notice of Appointment as Estate Executor ➢ Document showing Indigenous Services Canada or Crown-Indigenous Relations and Northern Affairs Canada is acting as the Estate Administrator

British Columbia	➢ Grant of Probate ➢ Grant of Administration with a Will ➢ Grant of Administration without a Will ➢ Order under s. 103 WESA — Administrator Pending Litigation ➢ Order under s. 132 WESA — Conditional or Limited Administration ➢ Grant under s. 103/132 WESA — Pendente Lite / Ad Colligenda ➢ Grant under s. 134 WESA — Guardian of Minor ➢ Grant under s. 138 WESA — Resealed or Ancillary ➢ Grant under s. 139 WESA — To Attorney ➢ Court Order under s. 159 WESA — Substitute Representative ➢ Grant under s. 159 WESA — de Bonis Non
Alberta	➢ Grant of Probate ➢ Grant of Double Probate ➢ Grant of Administration without a Will ➢ Letters of Administration without a Will ➢ Grant of Administration with Will ➢ Letters of Administration with Will ➢ Document indicating the appointment of Public Trustee
Saskatchewan	➢ Grant/Letters Probate with a Will ➢ Grant/Letters of Probate (small estate application) ➢ Grant/Letters of Administration without a Will ➢ Letters of Administration with Will Annexed
Manitoba	➢ Grant of Probate ➢ Letters of Administration (estates over $10,000) ➢ Letters of Administration with Will Annexed ➢ Administration Order (estates under $10,000)

Ontario	➢ Certificate of Appointment of Estate Trustee without a Will ➢ Certificate of Appointment of Estate Trustee with a Will ➢ Certificate of Appointment of Estate Trustee with a Will (Limited Assets) ➢ Small Estate Certificate ➢ Certificate of Appointment of Succeeding Estate Trustee with Will ➢ Certificate of Appointment of Succeeding Estate Trustee with Will (limited assets) ➢ Certificate of Appointment of Succeeding Estate Trustee without a Will ➢ Certificate of Appointment of Estate Trustee (during litigation) ➢ Resealed Estate Trustee Appointment ➢ Foreign Estate Trustee Appointment without a Will ➢ Court Status Certificate
New Brunswick	➢ Letters of Administration without a Will ➢ Letters Probate with a Will ➢ Letter of Administration with a Will Annexed ➢ Ancillary Letters of Administration/Probate
Nova Scotia	➢ Grant of Administration without a Will ➢ Grant of Probate ➢ Grant of Administration with Will Annexed ➢ Ancillary Grant of Probate ➢ Ancillary Grant of Administration ➢ Appointment of a Public Trustee to Administer an Estate Valued at $25,000 or less
Prince Edward Island	➢ Letters of Administration without a Will ➢ Grant/Letters of Probate ➢ Letters of Administration with the Will Annexed ➢ Ancillary Letters of Administration/Probate ➢ Will with supporting affidavit (where estate property is valued at not more than $5,000)

Newfoundland and Labrador	➢ Grant/Letters of Probate ➢ Letters of Administration without a Will ➢ Letters of Administration CTA with a Will Annexed (*cum testamento annexo*) ➢ Letters of Administration DBN (De Bonis Non) ➢ Letters of Administration CTA DBN ➢ Ancillary Letters Probate ➢ Ancillary Letters of Administration ➢ Satisfactory evidence under s. 13 of the Public Trustee Act (for estates valued at $10,000 or less)
Yukon	➢ Grant/Letters of Probate ➢ Grant/Letters of Administration without a Will ➢ Grant/Letters of Administration with Will Annexed
Northwest Territories	➢ Grant of Probate ➢ Grant of Administration ➢ Grant of Administration with Will Annexed ➢ Grant of Double Probate ➢ Declaration of Small Estate (estate net value is less than $35,000)
Nunavut	➢ Grant of Probate ➢ Certificate of Appointment of Estate Trustee with a Will ➢ Letters of Administration without a Will ➢ Letters of Administration with Will Annexed
Province where the deceased Tobacco-Victim lived at time of death	**Acceptable Documents**
Quebec	**Provide Both of the following:** ➢ Will Search Certificate from the Chambres des notaires du Quebec **AND** ➢ Will Search Certificate from the Bar of Quebec **AND** If the Deceased Tobacco-Victim died with a Will, choose one of the following: ➢ Copy of the notarial Will

	➢ Copy of the judgment probating the Will ➢ Certified copy of the Will and notarial minutes of probate ➢ Certified copy of notarial appointment of liquidator including a certified copy of the Will ➢ Copy of appointment of liquidator signed by heirs including a certified copy of the Will ➢ Certified copy of a court order appointing the liquidator including a certified copy of the Will If the deceased Tobacco-Victim died without a Will, choose one of the following: ➢ Copy of the appointment of liquidator signed by heirs entitled to name liquidator ➢ Certified copy of the court order appointing the liquidator

If you need any assistance, please reach out to the PCC Agent, Epiq, at the following contact information:

Email: PCCAgent@TobaccoClaimsCanada.ca
Phone: 1-888-482-5852
Website: www.TobaccoClaimsCanada.ca

SECTION 2 - Documentation required if the Tobacco-Victim is alive at the time of filing the Claim

If the Tobacco-Victim is alive, the Representative **must attach at least one** of the following documents to this Claim Form and submit it to the Claims Administrator by the claims deadline to verify that they have the right and are authorized to make a claim on behalf of the living Tobacco-Victim (a certified copy, photocopy or certified electronic extract of the document will be accepted by the Claims Administrator):

Province the Tobacco-Victim Resides in at the time of filing	Acceptable Documents
If the Tobacco-Victim has Indian Status and resides on a reserve or on Crown lands	➢ Document showing the Representative has been appointed as the Tobacco-Victim's Administrator of Property.
British Columbia	➢ Power of Attorney ➢ Limited Power of Attorney ➢ Enduring Power of Attorney ➢ Enduring Limited Power of Attorney ➢ Springing Power of Attorney ➢ Representation Agreement for legal affairs (under the *Representation Agreement Act*)

	➢ Certificate of Incapability (under the *Adult Guardianship Act*) ➢ Court order appointing Representative (under *Patients Property Act*)
Alberta	➢ Power of Attorney/Enduring Power of Attorney ➢ Document showing that the Representative has been appointed as the trustee for the Tobacco-Victim ➢ Supporting Decision Making Authorization ➢ Document confirming the Public Guardian and Trustee's appointment as trustee ➢ Conditional Enduring Power of Attorney appointing an attorney and has either: ▪ come into force on the lack of capacity of the Tobacco-Victim; or ▪ come into force on another contingent event and Tobacco-Victim still has capacity
Saskatchewan	➢ Continuing Power of Attorney for Property ➢ Property Power of Attorney/Enduring Power of Attorney for Property ➢ Contingent Power of Attorney for Property that has either: ▪ come into force on the lack of capacity of the Tobacco-Victim; or ▪ come into force on another contingent event (Tobacco-Victim has capacity) ➢ Court Appointment — co-decision maker for property ➢ Court Appointment — temporary property guardian ➢ Court Appointment — property guardian
Manitoba	➢ Power of Attorney ➢ Enduring Power of Attorney ➢ Springing Power of Attorney that has either: ▪ come into force on the mental incompetence of the Tobacco-Victim; or ▪ come into force on another contingent event (Tobacco-Victim is competent) ➢ Order of Committeeship — for Committee of Property ➢ Order of Committeeship — for Committee of Property and Personal Care

	➢ Document confirming the Public Guardian and Trustee is appointed as Committee of Property and Personal Care ➢ Document confirming the Representative's appointment as substitute decision-maker for property matters
Ontario	➢ Power of Attorney for Property ➢ Continuing Power of Attorney for Property ➢ Proof of Representative's appointment as Guardian of Property from the Office of the Public Guardian and Trustee ➢ Proof of Representative's appointment as Guardian of Property by the Court
New Brunswick	➢ Power of Attorney for Property ➢ Enduring Power of Attorney for Property ➢ Enduring Power of Attorney for Property and Personal Care ➢ Document showing that the Representative has been appointed as the Committee of the Estate of the Tobacco-Victim ➢ Proof of appointment as decision-making supporter for financial matters
Nova Scotia	➢ Power of Attorney ➢ Enduring Power of Attorney ➢ Court Appointed Guardian Document ➢ Court-appointed Representative - financial matters per Representation Order
Prince Edward Island	➢ General Power of Attorney ➢ Court appointment as the Committee of the Estate
Newfoundland and Labrador	➢ Enduring Power of Attorney ➢ Power of Attorney ➢ Court-issued Letters of Guardianship
Yukon	➢ Enduring Power of Attorney ➢ Document confirming the Representative's appointment as Temporary Guardian with financial authority ➢ Guardianship Order

Northwest Territories	➢ Power of Attorney that has: ▪ come into force on the mental incapacity of the Tobacco-Victim; or ▪ come into force on another contingent event (Tobacco-Victim has capacity); or ▪ remains valid despite any later mental incapacity of the Tobacco-Victim ➢ Enduring Power of Attorney ➢ Springing Power of Attorney that has either: ▪ come into force on the incapacity of the Tobacco-Victim; or ▪ come into force on another contingent event (Tobacco-Victim has capacity) ➢ Order Appointing the Representative as the Trustee ➢ Order Appointing the Public Trustee as Trustee
Nunavut	➢ Power of Attorney that has: ▪ come into force on the mental incapacity of the Tobacco-Victim; or ▪ come into force on another contingent event (Tobacco-Victim still has capacity); or ▪ remains valid despite any later mental incapacity of the Tobacco-Victim ➢ Enduring Power of Attorney ➢ Springing Power of Attorney that has either: ▪ come into force on the mental incapacity of the Tobacco-Victim; or ▪ come into force on another contingent event (Tobacco-Victim still has capacity) ➢ Order appointing the Representative as Trustee for the Tobacco-Victim ➢ Order Appointing the Representative as the Trustee ➢ Order Appointing the Public Trustee as Trustee

Quebec	➢ Power of Attorney with court-filed proceedings for mandate homologation or adult tutorship ➢ Protection mandate with certified judgment of homologation ➢ Certified copy of the judgment ordering the tutorship ➢ Certified copy of minutes and conclusions of the notary opening tutorship ➢ Certified copy of the judgment ordering Curatorship, dated prior to November 1, 2022 ➢ Certified copy of minutes and conclusions of the notary ordering curatorship, dated prior to November 1, 2022 ➢ Detailed mandate with court-filed proceedings (incl. file #) for mandate homologation or adult tutorship ➢ Certified court order appointing a provisional property administrator for the claimant

If you need any assistance, please reach out to the PCC Agent, Epiq, at the following contact information:

Email: PCCAgent@TobaccoClaimsCanada.ca
Phone: 1-888-482-5852
Website: www.TobaccoClaimsCanada.ca