

Claimant full name (required):  Claimant date of birth (required) (DD/MM/YYYY):  /  /

→ **Appendix D | Personal Representative for a Claimant who is a Person Under Disability**

Only complete this section if you are a Personal Representative\* of a Claimant who is a Person Under Disability\*. If you are applying for a deceased Claimant, complete **Appendix C** instead.

- **Note:** If you are a newly appointed Representative of a Claimant who is a Person Under Disability and has already submitted a Claim Form, please contact the Claims Administrator at **1-888-592-9101** or visit the FAQs online at [www.ihsettlement.ca/faq](http://www.ihsettlement.ca/faq).
- **Important:** If you need to change your contact information (for example: your mailing address, email, or phone number), please contact the Claims Administrator at **1-888-592-9101**.

\* Defined in the FAQs.

**Your name (required)**

Your name must match your government-issued identification (ID).

First name:   
 Middle name (if applicable):   
 Last name:


**Identification (required)**

Please attach a copy of your Federal or Provincial government-issued ID to your application.

**Examples of accepted ID:**

- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Métis Citizenship Card
- Passport
- Driver's License
- Provincial/Territorial Photocards

**Your employer/organization (if applicable)**

 **Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**  
 Please write the Claimant's first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

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**Your mailing address (required)**

Street number Street name  
  Unit P.O. Box (if applicable)  
   City / Town / Community Postal Code  
  Province / Territory Country  
 C/O Name (if applicable)

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

**Your email address (if available):**

**Your telephone number (recommended):**  -  -  Ext.   
 Please select the phone number you provided:  Home  Mobile  Work  Other:


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**Supporting documentation (required)**

Please select the category that applies to you by placing an "X" in the box and provide copies of the required document(s) with this Claim Form to show that you are the Claimant's Personal Representative or Power of Attorney.

Check the category that applies	Required document(s)
<input type="checkbox"/> <b>Personal Representative</b>	<ul style="list-style-type: none"> <li>- Provincial/Territorial Appointment Order (including appointment of Public Guardian and Trustee); OR</li> <li>- Federal Appointment Order (e.g., Indigenous Services Canada Administrator for Property); OR</li> <li>- Letters of Appointment for property/finances; OR</li> <li>- Court Order appointing a Personal Representative.</li> </ul>
<b>OR</b>	
<input type="checkbox"/> <b>Power of Attorney (POA)</b>	<ul style="list-style-type: none"> <li>- Power of Attorney Document signed by the grantor with two witnesses; AND</li> <li>- Relevant court order (if POA was contested or clarified by a court).</li> </ul>

 **Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**  
 Please write the Claimant's first and last name and date of birth (as entered in **Part IA** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.