

ATTESTATION OF PERSONAL REPRESENTATIVE NEW BRUNSWICK

You have submitted a claim as Personal Representative of a **minor child** who resides in New Brunswick and who is eligible for money under the First Nations Drinking Water Settlement Agreement.

We are asking you to complete this form so that the minor child's money is processed correctly. You have options in completing this form. Please choose **one** option only:



Option A: You can choose to have the minor child's money paid to the Public Trustee of New Brunswick. This means that the minor child's money will be held in a public trust until they turn 19.

To choose this, check the box under A – Election. **This option is also the default and will apply if you do not return this form within 60 days of receipt.**

OR



Option B: You can attest (make a legal statement to the best of your knowledge) that **one** of the situations under B is true. In this case, some or all the minor child's money will be paid to you on their behalf.

Please read the statements fully. In brief, these options are:

- **B-1** – You are the minor child's parent and the minor child lives with you; **OR**
- **B-2** – You are the minor child's guardian (for example, you have been appointed guardian by the court or child's parents).

You may only choose ONE option: in other words, please make one election (check box A) or make one attestation (complete one section of B).

If you need help with this form there are three teams of people available to help.



The Hope for Wellness Team offers comfort and emotional support.

They can help you if you are experiencing emotional distress.

You can reach them toll-free on our Wellness Help Line at 1-855-242-3310 or online at www.hopeforwellness.ca



The Administrator handles claim applications and payments.

They can help you with the claims process, including with filling in this Attestation. Start with them if you have a question and don't know who to ask.

You can reach them toll-free on our Administrator Help Line at 1-833-252-4220.



The Class Counsel Team are your lawyers. They work for you, calls are confidential, and there's no charge to talk with them.

They can help you with claims for Specified Injuries Compensation or legal questions about the class action settlement.

You can reach them toll-free at on our Class Counsel Help Line at 1-833-265-7589.

A. ELECTION – Payment to the Public Trustee of New Brunswick

☐ I _____ of the Province of _____, request that any compensation to which _____ (the minor child) is entitled be deposited with the Public Trustee of New Brunswick.

B. ATTESTATION – Payment to Representative

You may complete only ONE of following two attestations.

1. Parental (Guardian of Property) Attestation

I _____ of the Province of _____, declare and attest that all of the following statements are true.

1. I am the parent of the minor _____ (the “Child”) and they reside with me
at _____
2. I am the only guardian of property of the Child or I have submitted this claim with the consent/approval of the other guardian(s) of the property of the Child;
3. The Child does not have a public guardian (such as the Public Trustee or Minister of Social Development Brunswick);
4. There are no court orders restricting my abilities to receive any money due and payable to the Child and give a release for it; and
5. The Child does not have any legal obligation to support another person.

a. Your declaration and signature:

Print your Full Name (*First, Last*)

Declaration and Signature

Date (*mm/dd/yyyy*)

b. Witness “I witnessed the person sign this form”

Print the Full Name of the Witness (*First, Last*)

Declaration and Signature of Witness

Date (*mm/dd/yyyy*)

2. Guardian of Property Attestation

I _____ of the Province of _____, declare and attest that all of the following statements are true.

1. I am a guardian of the property of the minor child _____ (the "Child"), by virtue of (check only one):

☐ a. the enclosed court order, dated (mm/dd/yyyy) _____;

☐ b. the enclosed written appointment made by the Child's parent(s), dated (mm/dd/yyyy) _____;

☐ c. the enclosed will of the Child's parent, _____, who is now deceased;

OR

☐ d. the customs or traditions of the First Nation group, community or people to which the Child belongs.

2. There are no court orders removing me as guardian of the Child;

3. If a guardian appointed by the Child's parent, the parent has not revoked the appointment;

4. The Child does not have a public guardian (such as the Public Trustee or Minister of Social Development of New Brunswick);

5. There are no court orders restricting my right to receive any money due and payable to the Child and give a release for it.

6. There are no other guardians of the Child or I have submitted this claim with the consent/approval of any such persons;

7. The Child does not have any legal obligation to support another person.

a. Your declaration and signature:

Print your Full Name (First, Last)

Declaration and Signature

Date (mm/dd/yyyy)

b. Witness "I witnessed the person sign this form"

Print the Full Name of the Witness (First, Last)

Declaration and Signature of Witness

Date (mm/dd/yyyy)