



Claim Form for Claimants under settlement of Manuge v. His Majesty the King Pension Miscalculation Class Proceeding

IMPORTANT:

- Claimants are encouraged to complete and submit this Claim Form online at: VeteransPensionSettlement.kpmg.ca. Online submission will mean faster processing of the Claim.
- If you use a pen to fill in this Claim Form, please print as clearly as possible. You can submit your Claim Form as an attachment to an e-mail to VeteransPension@kpmg.ca, or by regular mail/courier to the Administrator at: KPMG Inc., C/O Disability Pension Class Action Claims Administrator, 600 boul. De Maisonneuve West, Suite 1500, Montréal, Québec H3A 0A3.
- Claimants are required to attach a copy of any supporting documentation, including a Will, Court document, or other information that will assist the Administrator in processing the Claim.
- This Claim Form must be submitted no later than 19 March 2025.
- Where the Claim Form asks for information “if known”, that information is useful for the Administrator, but not required.

1. I make this claim as (check one box only):

A Living Class Member who does not have an active payment arrangement with VAC

You are only required to complete sections (1) and (4);

A representative of an Estate of the deceased Class Member **You are only required to complete sections (2) and (4);**

A family member of the deceased Class Member

You are only required to complete sections (3) and (4).

SECTION 1 – LIVING CLASS MEMBER WHO DOES NOT HAVE AN ACTIVE PAYMENT ARRANGEMENT WITH VAC

Eligible Class Members who are currently collecting Affected Benefit(s)* will receive a Settlement payment automatically through the same payment method they currently use to collect benefits. As a result, Class Members with current payment arrangements with VAC will be paid automatically under the Settlement and are not required to file claims.

2. Full Name (First, Middle and Last name):

3. Last name at Birth, if applicable:

4. Date of Birth (Year-Month-Day):

- -

5. My VAC Identifier(s), at least one is required:

CSDN ID:

K Number:

Service Number:

6. I request a payment to myself under the settlement of the Class Proceeding approved by the Federal Court Order.

Proceed to Section 4.

*The Settlement affects prescribed annual adjustments of the following benefits (the “**Affected Benefit(s)**”):

- *Pension Act* pension for disability;
- *Pension Act* pension for death;
- *Pension Act* attendance allowance;
- *Pension Act* exceptional incapacity allowance;
- *Pension Act* for wear and tear of clothing or for specially made apparel;
- *Flying Accidents Compensation Regulations* flying accidents compensation;
- *Civilian War-related Benefits Act* war pensions and allowances for salt water fishers, overseas headquarters staff, air raid precautions works, and injury for remedial treatment of various persons and voluntary aid detachment (World War II)
- RCMP Disability Benefits awarded in accordance with the *Pension Act*;
- *Veterans Well-being Act* clothing allowance

SECTION 2 - A REPRESENTATIVE OF AN ESTATE OF THE DECEASED CLASS MEMBER

Accepted claims submitted under section 2 "A representative of an Estate of the deceased Class Member" will be paid by cheque made out in the **name of the estate of the deceased** and not in the name of the claimant or the executor. It is the responsibility of the estate to ensure that the cheque can be cashed under the name of the estate of the deceased.

7. Deceased's Full Name (First, Middle and Last name):

8. Deceased's Last name at Birth, if applicable:

9. Deceased's Date of Birth (Year-Month-Day), if known:

- - D

10. Deceased's VAC Identifier(s), if known:

CSDN ID:

K number:

Service Number:

11. At the time of death, the Deceased's address was as follows, if known:

(Street Address)

(Apartment Number)

(City/Town/Village)

(Province/Territory/State)

(Postal Code/Zip Code)

(Country)

12. At the time of death, the Deceased (check one box only):

Had a Will;

Did not have a Will;

Not known.

13. I have the following relationship to the Deceased's estate (check one box only):

Estate trustee;
Estate administrator;
Executor.

14. I have attached the following document to show that I am the estate trustee, estate administrator or executor of the Deceased's estate:

Will;
Court appointment;
Other document. Please specify:

15. I request a payment to the Estate on behalf of the Deceased under the settlement of the Class Proceeding approved by the Federal Court Order.

Proceed to Section 4.

SECTION 3 – FAMILY MEMBER OF THE DECEASED CLASS MEMBER

16. Deceased's Full Name (First, Middle and Last name):

17. Deceased's Last name at Birth, if applicable:

18. Deceased's Date of Birth (Year-Month-Day), if known:

- -

19. Deceased's VAC Identifier(s), if known:

CSDN ID:

K number:

Service Number:

20. At the time of death, the Deceased's address was as follows, if known:

(Street Address)

(Apartment Number)

(City/Town/Village)

(Province/Territory/State)

(Postal Code/Zip Code)

(Country)

21. I have the following relationship to the Deceased (check one box only):

Spouse or common law partner

Child

Grandchild

Parent

Sibling

Niece or nephew (including nieces-in-law and nephews-in-law)

Next-of-kin (Please specify relationship:)

Charitable organization provided for by the Deceased's Will (Will is
required as attachment)

22. I request a payment to me on behalf of the Deceased under the
settlement of the Class Proceeding approved by the Federal Court Order.

Proceed to Section 4.

SECTION 4 – METHOD OF CONTACT, PAYMENT COORDINATES AND SIGNATURE

23. Claimant's Full Name (First, Middle and Last name):

24. For communication purposes, email communication is preferred (check one box only):

☐ My email address is:

I am unable to communicate via email, I can be contacted by phone at:

I am unable to communicate via email and phone and consent to be contacted at the mailing address that I have provided in Paragraph 2.

I (First and Last name) have power of attorney, and can be reached at (please select one option):

Telephone Number:

Email AddressK

25. Payments will be issued via cheque. Please provide an address at which you can receive a cheque.

My Mailing Address:

(Street Address)

(Apartment Number)

(City/Town/Village)

(Province/Territory/State)

(Postal Code/Zip Code)

(Country)

26. I attach a copy of my proof of identity. The proof of identity needs to be issued by a federal, provincial, territorial or state government authority and valid (i.e., not expired). To be considered acceptable, the valid proof of identity needs to include your name, date of birth and photo (see various options below and check one box only):

Driver's license
Health card (if it shows your name, date of birth and photo)
Passport
Canadian military identification card
Canadian citizenship card
Secure certification of Indian status card
Government-issued identification card
U.S. permanent resident card
Veteran's service card
Other:

27. I understand that the Administrator may require that I provide additional documentation.
28. The personal information collected by KPMG will be used exclusively for the purpose of processing and determining my entitlement to make a claim under the Manuge v. HMK class action settlement (CFN: T-119-19). The personal information provided in this claim form may also be disclosed to Class Counsel, Veterans Affairs Canada, or an auditor, if applicable, for the purpose of: validating identity; carrying out any lawful investigations to confirm that I am an eligible Class Member; processing of claims; development of payment strategy; and/or reporting obligations. KPMG Canada may process applications using automation to support processing of decision-making. Any personal information collected, used or stored by KPMG Canada as part of this process will be in accordance with KPMG Canada's Privacy Policy.

I solemnly declare that the information provided in this Claim Form is correct.

- -

Signature

Date (Year-Month-Day)

Witness Name (Capital Letters)

Witness Signature

Information Regarding Disability Pension Corrective Payment

29. If you were legally entitled to inherit the assets of a deceased Class Member who received a *Pension Act* disability pension between 2003-2010, you may be entitled to a corrective payment in addition to the amounts recovered in this Class Proceeding. Information about the Disability Pension Corrective Payment, and a link to the application, are on VAC's website: [Disability Pension Corrective Payment](#).
30. Class Counsel has committed to assisting those applying for corrective payments at no cost. Class Counsel can be contacted for assistance as follows:

Call: 1-866-545-9920

Email: info@vetspensionerror.ca

For assistance with submitting a claim form, please contact us at 1-833-839-0648

You may submit the claim form that is completed and signed by email to VeteransPension@kpmg.ca or by mail to KPMG Inc., C/O Disability Pension Class Action Claims Administrator, 600 boul. De Maisonneuve West, Suite 1500, Montréal, Québec H3A 0A3.