



**AUTHORIZATION OF CO-EXECUTOR/CO-ESTATE TRUSTEE/  
CO-ADMINISTRATOR/CO-ATTORNEY/CO-GUARDIAN/CO-COMMITTEE**

Name of Tobacco-Victim<sup>1</sup> \_\_\_\_\_

Is the Tobacco-Victim deceased? [ ] Yes [ ] No

**What is your authority to act on behalf of the Tobacco-Victim?**

[ ] I am a co-executor or co-estate trustee or co-administrator of the Estate of the Deceased Claimant; or

[ ] I am a co-attorney or co-committee or co-guardian for the Claimant.

Please select and attach one of the following types of identification:

- Driver's License;
- Passport;
- Other (please describe): \_\_\_\_\_.

**Authorization**

I hereby authorize \_\_\_\_\_ [name of person who has co-authority] to communicate and act with Epiq Class Actions Services Canada, Inc. ("Epiq") in its capacity as PCC Agent (if applicable) and/or Claims Administrator on all matters related to a claim for compensation under the Tobacco Claims Canada PCC Compensation Plan or QCAP Administration Plan and on behalf of the Tobacco-Victim, including, but not limited to providing any information or instructions which may be requested or required by Epiq to process a claim.

Signed in [location] \_\_\_\_\_, this \_\_\_ day of \_\_\_\_\_, 202\_\_

\_\_\_\_\_

Signature

PRINT NAME \_\_\_\_\_

PRINT ADDRESS \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Enter name of the Tobacco-Victim, whether alive or deceased, for whom a claim is being made.