



AUTHORIZATION OF CO-LIQUIDATOR/CO-MANDATARY

Name of Tobacco-Victim¹ _____

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

What is your authority to act?

[] I am a co-mandatarly to the property of the Tobacco-Victim;

[] I am a co-liquidator of the Estate of the Tobacco-Victim;

[] I am a co-mandatarly to the property of an heir of the Tobacco-Victim;

[] I am a co-liquidator of the Estate of an heir of the Tobacco-Victim;

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 such claim.

Signed in [location] _____, this ___ day of _____, 202__

Signature

PRINT NAME _____

PRINT ADDRESS _____

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