

**DIL REPRESENTATIVE ACTION  
DECEASED CLASS MEMBER NOTIFICATION FORM**

Deceased Class Member's name: \_\_\_\_\_  
Deceased Class Member's birthdate: \_\_\_\_\_  
Name of Personal Representative: \_\_\_\_\_  
Address to which payment of settlement funds should be sent: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_