



Declaration of Guarantor for Proof of Identity

Please print in black or blue ink and print this form single-sided.

Applicant's Information (must be completed in the presence of the guarantor)

Legal Surname: _____ Legal Given Name(s): _____

Physical Address (no PO Box #s): _____ Apt. #: _____

City, Town or Village: _____ Postal Code: _____

Date of Birth: (mm/dd/yyyy) _____/_____/_____

I certify that I am the individual named above, and that my date of birth and residential address are as stated above, and the signature below is my signature.

I consent to Exchange Solution Inc. collecting the information set out under the Applicant's Information section from my guarantor and other personal information about me from my guarantor or other third parties as necessary to verify my eligibility for the Children's Special Allowances Class Action Settlement.

Applicant's Signature _____ *If Applicant is under 18 years of age*
Legal Guardian(s) Signature: _____

Choosing an Eligible Guarantor

Your guarantor **must**:

1. Be a Canadian citizen residing in Canada
2. Have known you for at least two years
3. Meet the occupation or offices criteria exactly as described
4. Fully complete the Declaration of Guarantor section on the reverse side of this document

WARNING to all applicants and guarantors – Any false statement, misrepresentation or concealment of any material fact on this form, or on any other document presented in support of this application, may be grounds for criminal prosecution.

The personal information contained in this form is collected under the authority of the Children's Special Allowances Class Action Settlement. The personal information is used to confirm the Guarantor's driver's licence or identification card records.

If you have any questions about the collection of your personal information, please contact the Exchange Solutions Inc. at 1-204-947-7101 or 1-844-947-7101.

Declaration of Guarantor (must be fully completed)

Surname: _____ Given Name: _____

Name of Firm/Organization: _____ Official Title: _____

Business Telephone: _____ Home Telephone: _____

Business Address: _____

Knowledge of Applicant (# of Years): _____

IMPORTANT You must have at least TWO years knowledge of the applicant to be an eligible guarantor.

Place a check mark beside the applicable occupation or office and provide the additional information if requested

- | | |
|---|---|
| <p><input type="checkbox"/> 1. CFS Agency Authorized Representative</p> <p><input type="checkbox"/> 2. Dentist*</p> <p><input type="checkbox"/> 3. Medical Doctor*</p> <p><input type="checkbox"/> 4. Chiropractor*</p> <p><input type="checkbox"/> 5. Judge</p> <p><input type="checkbox"/> 6. Justice of the Peace</p> <p><input type="checkbox"/> 7. Royal Canadian Mounted Police Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 8. Provincial / Municipal Police Force Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 9. Military Police Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 10. Military Commanding Officer:
Unit Name _____
Detachment _____
Badge # _____</p> <p><input type="checkbox"/> 11. Lawyer*</p> <p><input type="checkbox"/> 12. Mayor, Reeve or other chief elected official of
City/Municipality: _____</p> <p><input type="checkbox"/> 13. Minister of religion authorized under the laws of
Manitoba to perform marriages or authorized to do so
under the laws of another province or territory in
Canada.
Name of Religious Organization _____</p> <p><input type="checkbox"/> 14. Notary Public</p> <p><input type="checkbox"/> 15. Optometrist</p> <p><input type="checkbox"/> 16. Pharmacist*: Licence # _____</p> <p>*(Must be registered or licensed in Canada)</p> | <p><input type="checkbox"/> 17. Postmaster - as designated by the Canada Post
Corporation Act</p> <p><input type="checkbox"/> 18. Principal of a primary or secondary school:
School Division _____
School Name _____</p> <p><input type="checkbox"/> 19. Teacher of a primary or secondary school:
School Division _____
School Name _____</p> <p><input type="checkbox"/> 20. Professional Accountant – CPA</p> <p><input type="checkbox"/> 21. Professional Engineer</p> <p><input type="checkbox"/> 22. Senior administrator of a university or community
college name _____</p> <p><input type="checkbox"/> 23. Teacher at a university or community college
name _____</p> <p><input type="checkbox"/> 24. Veterinarian*</p> <p><input type="checkbox"/> 25. Chief of a band, as defined in the Indian Act
(Canada): Name of First Nation, Tribal
Council or Community _____</p> <p><input type="checkbox"/> 26. Membership clerk of a band, as defined in the Indian Act
(Canada): Name of First Nation, Tribal Council or
Community
Council or Community _____</p> <p><input type="checkbox"/> 27. Member of Parliament</p> <p><input type="checkbox"/> 28. Member of the Legislative Assembly or Provincial
Parliament of another province or territory of Canada</p> <p><input type="checkbox"/> 29. Federal penitentiary warden:
Name of Institution _____</p> <p><input type="checkbox"/> 30. Social Worker*</p> <p><input type="checkbox"/> 31. Nurse practitioner*</p> <p><input type="checkbox"/> 32. Parole Officer Employer Name _____</p> <p><input type="checkbox"/> 33. Probation Officer</p> <p><input type="checkbox"/> 34. Corrections Officer – Name of Institution
_____</p> |
|---|---|

I declare that I am actively employed or engaged in Canada in the occupation or office indicated above, and that I am a Canadian citizen. To the best of my knowledge and belief, all of the statements made in this application are true, and the signature shown is a true representation of the applicant's signature. I have known the applicant for at least **TWO** years.

I authorize Exchange Solutions Inc. to take such steps as it considers necessary to verify my authority to act as a qualified guarantor, and to collect my personal information for that purpose. I authorize my employer, my professional association, or my governing body (as the case may be) to disclose such personal information to Exchange Group as is necessary to confirm my qualification to act as a guarantor.

Guarantor's Signature: _____

Date: _____ Signed at (City/Province): _____

Guarantor's

- Driver's Licence
- Identification Card