

One Bedford Settlement  
c/o RicePoint Administration Inc.  
P.O. Box 3355, London, ON  
N6A 4K3

## CNDQ

Must be postmarked no later than **November 22, 2023**

If you have Internet access, please file a claim online at  
[www.onebedfordsettlement.ca](http://www.onebedfordsettlement.ca)

### Instructions

Please complete all applicable sections below. Please type or print in black or blue ink. Do not use red ink or pencil. For the purposes of this Claims Form, the following definitions apply:

- “Class Member” means:  
**Owner** - each registered owner of a Unit during the Class Period.  
**Tenant** - a person that rented a Unit during the Class Period.
- Abatement means:  
An amount of money that an Owner of a Unit paid to a Tenant or credited to the Tenant during the Class Period commencing on August 13, 2011 to and including September 30, 2012.
- Class Period means:  
August 13, 2011 to and including September 30, 2012

***\*Important: Only one Class Member associated with the Unit need apply for payment. If more than one Class Member applies for payment for the same Unit, each Class Member will share equally in the payment per Unit.***

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**SECTION 1: CLAIMANT INFORMATION:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 2: IDENTIFICATION OF CLASS MEMBER:**

Select the Eligible Class Member category that applies to you (only one can apply):

	<b>“Owner”</b>	<b>“Tenant”</b>
Required Selection ( <b>select one</b> )	<input type="radio"/>	<input type="radio"/>

Please indicate your Unit Number: \_\_\_\_\_

I owned/lived in/rented the unit during the following period of time (please list any time you owned or occupied a unit during the Class Period).

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If you were an owner of a unit, and you rented out your unit at any time during the Class Period was a rent abatement given to your tenant?

YES       NO

What was the monthly amount given to the tenant? \_\_\_\_\_

What was the total abatement given to the tenant during the Class Period? \_\_\_\_\_

Please provide proof of the abatement provided.

**SECTION 3: PROOF OF IDENTIFICATION:**

To qualify as a Class Member, you must send a **copy** of at least one piece of the following government-issued proof of identification with Photo ID.

Select which of the following documents you have provided with your Claims Form.

- Driver's License**
- Passport**
- Ontario Health Insurance Program (OHIP) Card**
- Birth Certificate**
- Other\*:** \_\_\_\_\_

RicePoint retains the sole discretion to determine if a piece of ID other than those listed above are good and sufficient for the purposes of making a claim to the Fund.

**SECTION 4: PROOF OF OWNERSHIP/TENANCY:**

Select which of the following documents you have provided with your Claims Form indicating the ownership or tenancy of the unit during the class period of August 13, 2011 to and including September 30, 2012.

- Driver's License**
- Deed or Mortgage Documentation**
- Property Tax Receipt or Bill**
- Condo Bill of Sale**
- Utility bill addressed to Murano Tower dated August 13, 2011 – September 30, 2012**

2011 – September 30,  
2012

- Bank Statement  
addressed to Murano  
Tower dated August 13,  
Other\*:** \_\_\_\_\_
- Lease of tenancy**

RicePoint retains the sole discretion to determine if documentation other than those listed above are good and sufficient for the purposes of making a claim to the Fund.

**SECTION 5: SIGNATURE**

By signing this Claims Form:

- I understand that by submitting this form, I am authorizing the Claims Administrator to contact me or my representative as the Claims Administrator deems appropriate for more information.
- **I verify that all of the information in this Claims Form is true and correct.**

Executed on \_\_\_\_\_ in \_\_\_\_\_  
(Date) (City/Province)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Privacy Statement**

All information provided as part of this Claims Form is collected, used, disclosed and retained by the Claims Administrator for the purposes of administering the settlement of the above class proceeding, including evaluating eligibility status under the settlement.

**Reminder Checklist**

- Complete the relevant sections and sign the Claims Form.
- Keep a copy of your Claims Form and all documentation submitted for your records.
- If you move, please send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your Settlement benefits not being paid to you.
- Provide Proof of Identification as applicable per Section 3 and 4 above.

Where to Send Your Claim Form and Documentation:

Please mail your completed claim form and any attached documents to the following address by **November 22, 2023**:

**By Mail:**

One Bedford Settlement  
c/o RicePoint Administration Inc.  
P.O. Box 3355, London, ON  
N6A 4K3

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**