AUTHORIZATION FORM

| I, undersigned, | |
|--|--|
| Name of liquidator: | , |
| in my capacity as liquidator of the will, of | the claimant |
| Name of claimant: | |
| hereby authorize Services Proactio Inc., a | as part of their function as administrator of the |
| claims of class action No. 500-06-001109 | -202, to obtain a copy of any document relating |
| to preventive confinement contained in my | y following court file: |
| | |
| File number(s): | |
| | |
| The complete file may be obtained, includi | ing any order issued by the Court in relation with |
| the period of preventive confinement in a | Quebec hospital covered by this claim (whether |
| it be a safeguard order, temporary confiner | ment order, confinement order). |
| | IN WITNESS WHEREOF, I HAVE SIGNED |
| | IN, ON |
| | (City) (Date) |
| | Signature |
| INFORMATION ABOUT THE CLAIMANT: | Signature |
| INFORMATION ABOUT THE CLAIMANT. | |
| FIRST AND LAST NAME: | |
| DATE OF BIRTH: | |
| TELEPHONE NUMBER: | |
| CISSS OU CIUSSS CONCERNED : | |