



Appendix B

BENEFICIARIES ACKNOWLEDGEMENT AND DIRECTION

TO: COMPENSATION FUND COMMITTEE
AND TO: FUNERAL SERVICES COMPENSATION FUND
RE: NOTICE OF CLAIM TO THE REGISTRAR, FBCSA

This will confirm that:

1. The undersigned have reviewed the information set out in the attached Notice of Claim to the Registrar, FBCSA, together with all attachments and appendixes thereto (the "Claim") and acknowledge that the information set out therein is accurate and complete in all respects.
2. The undersigned hereby represent and acknowledge that there are no additional or prospective beneficiaries in respect to the Claim.
3. The undersigned hereby acknowledge and agree that the "claimant" identified in this claim is duly authorized to act on behalf of the beneficiaries.
4. The undersigned hereby direct you to pay out any portion of the claim determined to be eligible and payable, or otherwise the entirety of the claim determined to be eligible and payable, in accordance with the instructions set out in Appendix C – Letter of Direction to Trustee. This shall be your good and sufficient authority for doing so.
5. The undersigned acknowledge having reviewed the Claim in full, have had adequate opportunity to read, consider the Claim and to obtain professional and legal advice in respect to the Claim.
6. The acknowledgement and direction may be signed in any number of counterparts, each of which is an original, and all of which together constitute one single document.

IN WITNESS WHEREOF the undersigned hereby executes this document

DATED this _____ day of _____, 20_____.

SIGNATURE OF WITNESS

SIGNATURE OF BENEFICIARY

PRINT NAME

PRINT NAME

ADDRESS

ADDRESS