

## Appendix A

### NOTICE OF CLAIM TO THE REGISTRAR, FBCSA

Bereavement Authority of Ontario  
Attention: Registrar, FBCSA  
100 Sheppard Avenue East, Suite 505  
Toronto, ON  
M2N 6N5

RE: NOTICE TO THE REGISTRAR, FBCSA

I hereby make a claim to the Compensation Fund as I have suffered a financial loss in the amount of \$\_\_\_\_\_ and have not otherwise been fully compensated. The following circumstance applies (check one):

- a prepaid contract, signed prior to July 1, 2012, with a licensed operator, was cancelled and all the funds and accrued income owing were not paid;
- a prepaid contract, signed prior to July 1, 2012, with a licensed operator, was not fulfilled and consequently it was necessary to obtain funeral supplies, funeral services or transfer services;
- the balance of excess funds owing by licensed operator, and remaining after a prepaid contract was fulfilled, was not paid out to the beneficiary's estate. Note that this option is only applicable to contracts fulfilled prior to July 1, 2012;
- a licensed operator received a written demand for to refund monies paid for a prepaid contract that was entered into before July 1, 2012, where that operator failed to: (a) provide a written contract; (b) provide documents setting out the purchaser's cancellation rights; and/or (c) deliver a signed contract to the purchaser at the time that it was made.;
- a contract signed after June 30, 2012, with a licensed operator, was cancelled and all the funds and accrued income that were owing to were not paid;
- a contract signed after June 30, 2012, with a licensed operator was not fulfilled and consequently, it was necessary to obtain supplies or services other than those under the contract; or
- a refund owing was not made to me by a licensed operator who was where the contract was entered into after June 30, 2012.

Name of recipient: \_\_\_\_\_

Claimant's relationship to the recipient: \_\_\_\_\_

Name of beneficiary\* and relationship to deceased: (1) \_\_\_\_\_

(2) \_\_\_\_\_

*\*Where two or more beneficiaries are listed, the Beneficiaries Acknowledgement and Direction form (Appendix B) must be completed and attached to this Notice.*

(3) \_\_\_\_\_

Name of operator: \_\_\_\_\_

**ATTACHED AND LISTED IMMEDIATELY BELOW ARE ALL SUPPORTING DOCUMENTS (Fill in details and continue the list on attached additional sheets, if necessary.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*\* Certified true copies may be provided in the place of originals, if available.*

Supporting documents, as applicable, generally include: (a) contracts and proof of payment with the licensee/operator/provider, letters, memos, forms; (b) if you are claiming on behalf of a purchaser as a Power of Attorney, please enclose a certified true copy of that Power of Attorney; (c) if you are claiming on behalf of the Estate of the beneficiary, please enclose a certified true copy documentation setting out your authority to represent the Estate.

Date: \_\_\_\_\_ Claimant's signature: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_