

COMPENSATION CLAIMS PROCESS NOTIFICATION OF DEATH

RE: Nortel Networks Corporation and others

1 Deceased Employee, Former Employee or Survivor (the "Deceased")

Last Name, First Name:	GID/Annuitant Number:
<input type="text"/>	<input type="text"/>
Date of Death:	
<input type="text"/>	

2 Authorized Representative(s)

Authorized Representatives include:

Estate Trustee, Administrator, Executor and other individuals appointed or authorized to perform similar duties.

Primary Authorized Representative

Last Name, First Name:	Phone Number:
<input type="text"/>	<input type="text"/>
Street Address	City Prov / State Postal/Zip code
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
E-Mail Address:	<input type="text"/>

As the primary contact, all original documents that cannot be duplicated, such as cheques, will be sent to your attention. If there are joint Authorized Representatives, they must agree to have you as the primary contact.

Additional Joint Authorized Representative

If the supporting documents indicate a joint appointment, this section **MUST** be filled out and the Additional Joint Authorized Representative must also sign below.

Last Name, First Name:	Phone Number:
<input type="text"/>	<input type="text"/>
Street Address	City Prov / State Postal/Zip code
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
E-Mail Address:	<input type="text"/>

3 Documentation

In order for the Monitor to properly record the death of the claimant and to make any distribution payments to the "Estate of the deceased", provide the following:

- A notarized copy of the death certificate
- A notarized copy of the last will and testament identifying the Authorized Representative
- A certificate of appointment of the estate trustee (if available)
- A copy of a utility bill or drivers license for each of the Authorized Representatives verifying their mailing address

4 Certification

Primary Authorized Representative

I hereby certify that:

- I am the Authorized Representative of the Deceased.
- I have provided true copies of the required documentation.

Signature	Print Name
<input type="text"/>	<input type="text"/>
	Date
	<input type="text"/>

Additional Joint Authorized Representative

I hereby certify that:

- I am a joint Authorized Representative of the Deceased.
- I have provided true copies of the required documentation.

Signature	Print Name
<input type="text"/>	<input type="text"/>
	Date
	<input type="text"/>

By initialling the boxes below, I agree to the following statements:

<input type="checkbox"/>	A	I agree to not be the primary Authorized Representative and that all documents that cannot be duplicated, including any cheques, will be sent to the Primary Authorized Representative, while I will only receive a carbon copy.
<input type="checkbox"/>	B	I consent to allowing the primary Authorized Representative to act solely with respect to the Compensation Claims process and only receive carbon copies of communications sent to the Primary Authorized Representative.

5 Submission

This form, and the required documentation, may be sent to the Monitor by prepaid ordinary mail or courier at the following address:

Koskie Minsky LLP
20 Queen Street West
Suite 900, Box 52
Toronto, ON M5H 3R3
CANADA
Attention: Nortel Claims

Tel: 1-866-777-6344
Fax: 416-204-2897
e-mail: nortel@kmlaw.ca

IMPORTANT NOTES

- Once processed, this information will be communicated to the monitor, Ernst & Young.
- However, you must contact Morneau Shepell, the pension plan administrator, directly to update the status of the Creditor if they were a member in the Registered Pension Plans. Managerial Plan: 1-877-392-2074; Negotiated Plan: 1-877-392-2073