COMPENSATION CLAIMS PROCESS CHANGE OF ADDRESS FORM

RE: Nortel Networks Corporation and others

Claimant Identification (the "Creditor")			
Last Name, First Name:	GID:		
Phone Number:	E-Mail Address:		
L	I L		
2 Previous Address			
Street Address	City	Prov / State	Postal/Zip code
	•		
Current Address			
Street Address	City	Prov / State	Postal/Zip code
4 Documentation			
In order for your address change to be processed, proof of the support of your request for an address change include: - A copy of a recent utility bill showing your new address - A copy of your driver's license	new address is required. E	Examples of such docu	umentation in
5 Certification			
I hereby certify that:			
 I am the Creditor, or authorized Representative of the Credi The new address indicated above is where I currently reside 			
Complete documentation in support of this claim is attached.			
Signature	Name (please print)		
	Daytime phone number		
Date	Signed at		
	I I		J
6 Filing of Change of Address Form			
This form, and the required documentation, may be sent	Koskie Minsky LLP		

This form, and the required documentation, may be sent to Koskie Minsky by prepaid ordinary mail, courier, or electronic or digital transmission 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 address change will also be communicated to the Monitor.
- However, you must contact Morneau Shepell, the pension plan administrator, directly to update your address if you are a member in the Registered Pension Plans. Managerial Plan: 1-877-392-2074; Negotiated Plan: 1-877-392-2073