

Royal Winnipeg Ballet Class Action Settlement

www.RWBClassAction.ca

STUDENT CLASS MEMBER CLAIM FORM

To receive a payment from the Settlement Fund, each **Student Class Member claimant** MUST complete this Claim Form and submit it and any supporting documentation to the Claims Administrator by **no later than 11:59 pm EST on February 28, 2023.**

Late claim submissions will not be accepted or valid.

All information included in this claim form will **remain confidential** between Epiq and Class Counsel. The information will **NOT** be shared with the defendants and their lawyers, or with any witnesses supporting your claim.

SUBMITTING INSTRUCTIONS

You may choose one of **three (3) ways** to submit a *Student Class Member Claim Form* including any supporting documentation:

1. EMAIL	Email your complete Claim to info@RWBClassAction.ca
2. FAX	Fax your complete Claim to 1-866-262-0816
3. MAIL	Mail your complete Claim to: Royal Winnipeg Ballet Class Action Claims Administrator P.O. Box 507 STN B Ottawa ON K1P 5P6 Mailed claim submissions must be postmarked no later than February 28, 2023.

Questions? Call Toll-Free Telephone: 1-833-871-5362

Important: **Do not** submit any information or documentation about any photo shoot(s) that took place **after** you were a student at the Royal Winnipeg Ballet School, as any such photo shoots are **not** included in this class action lawsuit.

Student Class Members include anyone who was enrolled in the General Division, Summer School, Professional Division, Aspirants Program or the Teacher Training Program between 1984 – 2015, and while enrolled at the School, were photographed by Bruce Monk in a private setting.

Royal Winnipeg Ballet Class Action Settlement

STUDENT CLASS MEMBER CLAIM FORM

SECTION A: STUDENT CLASS MEMBER CONTACT INFORMATION

The Claims Administrator will use the information that you provide to process your claim. If this information changes, you **MUST** notify the Claims Administrator in writing.

Fields marked with an * are mandatory.

First Name*

Last Name*

Date of Birth*
(MM-DD-YYYY)

Street Address*

City*

Province*

Postal Code*

Country*

Email Address

Phone Number*

SECTION B: REPRESENTATIVE CONTACT INFORMATION

If you are submitting a claim **as the legal representative of a Student Class Member** (e.g. as power of attorney) and/or if you are submitting a claim **on behalf of a Student Class Member's Estate**, you **must** complete this section and provide documentation verifying that you have legal authority to act on behalf of the Student Class Member or their Estate.

First Name*

Last Name*

Relationship to the Student Class Member

Street Address*

City*

Province*

Postal Code*

Email Address

Phone Number*

By checking this box, I confirm that **I am authorized** to submit a claim on behalf of the Student Class Member and have attached the supporting the documentation (such as a copy of a Power of Attorney for Property, or Death Certificate and Last Will, or Certificate of Appointment of Estate Trustee).

Royal Winnipeg Ballet Class Action Settlement STUDENT CLASS MEMBER CLAIM FORM

SECTION C: DESIGNATED FAMILY LAW ACT (“FLA”) RECIPIENT INFORMATION

Each Student Class Member may designate one member of their family to make a claim for compensation for their Family Members, (the “Designated FLA recipient”). If the Student Class Member is approved by the Claims Administrator as an Eligible Student Class Member, then the Designated FLA recipient will automatically qualify to receive a **single lump sum payment of no more than \$2500 CAD**. The designated FLA recipient may allocate this payment among their family members as the designated FLA recipient decides is best.

The Claims Administrator shall bear no responsibility for the distribution of the FLA Fund payment by the Designated FLA recipient as among their family members.

The FLA payments will not be paid until the Claims Administrator has determined **all** Eligible Student Class Members, at which time the total number of valid FLA claims can be determined. This will not take place until after the claim period ends, i.e. not until after February 28, 2023.

Student Class Member claimants and their Designated FLA recipient must answer the following two questions:

Question #1*: Will a Designated FLA recipient be submitting an FLA claim? **Yes / No**

If you answered **No** to Question #1 above, please proceed to **Section D**.

Question #2: Who is the Designated FLA recipient?

If you answered **Yes** to Question #1 above, please indicate the designated FLA recipient’s information below (Fields marked with an * are mandatory):

First Name*

Last Name*

Street Address*

City*

Province*

Postal Code*

Country*

Email Address*

Phone Number*

Please indicate your relationship to the Student Class Member*:

- Self, on behalf of minor Parent Child Spouse Other: _____
FLA Class Members

Important: If a claim is being made by a Designated FLA recipient, they **must** also sign the Attestation at Section I, below.

Royal Winnipeg Ballet Class Action Settlement

STUDENT CLASS MEMBER CLAIM FORM

SECTION D: REQUIRED ENROLLMENT INFORMATION

Student Class Members mean all persons who attended the Royal Winnipeg Ballet School **from 1984 to 2015** and who, while enrolled at the School, were photographed by Bruce Monk in a private setting. It includes a subclass of all Student Class Members whose intimate photographs taken by Bruce Monk were posted on the internet, sold, published or otherwise displayed in a public setting (the *Privacy Subclass*).

Student Class Member claimants must answer the following four (4) questions:

Fields marked with an * are mandatory.

Question #1*: Did you attend the Royal Winnipeg Ballet School any time **between 1984 and 2015** AND while enrolled at the School, were you photographed by Bruce Monk in a private setting? **Yes / No**

Question #2*

If you answered **Yes** to Question #1 above, please confirm your full name when you were enrolled at RWB:

First Name (When Enrolled)*

Last Name (When Enrolled)*

Question #3*: Indicate the **years** you were a Student at the Royal Winnipeg Ballet School (Check all that apply)

<input type="checkbox"/> 1984	<input type="checkbox"/> 1990	<input type="checkbox"/> 2000	<input type="checkbox"/> 2010
<input type="checkbox"/> 1985	<input type="checkbox"/> 1991	<input type="checkbox"/> 2001	<input type="checkbox"/> 2011
<input type="checkbox"/> 1986	<input type="checkbox"/> 1992	<input type="checkbox"/> 2002	<input type="checkbox"/> 2012
<input type="checkbox"/> 1987	<input type="checkbox"/> 1993	<input type="checkbox"/> 2003	<input type="checkbox"/> 2013
<input type="checkbox"/> 1988	<input type="checkbox"/> 1994	<input type="checkbox"/> 2004	<input type="checkbox"/> 2014
<input type="checkbox"/> 1989	<input type="checkbox"/> 1995	<input type="checkbox"/> 2005	<input type="checkbox"/> 2015
	<input type="checkbox"/> 1996	<input type="checkbox"/> 2006	
	<input type="checkbox"/> 1997	<input type="checkbox"/> 2007	
	<input type="checkbox"/> 1998	<input type="checkbox"/> 2008	
	<input type="checkbox"/> 1999	<input type="checkbox"/> 2009	

Question #4*: What **Division(s)** you were enrolled in at the Royal Winnipeg Ballet School (Check all that apply)

<input type="checkbox"/> Professional Division
<input type="checkbox"/> General/Recreational Division
<input type="checkbox"/> Summer School
<input type="checkbox"/> Aspirant Program
<input type="checkbox"/> Teacher's Training Program

SECTION E: REQUIRED PHOTO SHOOT INFORMATION

Question #1*: You **must** provide, to the best of your recollection, information about each photo shoot(s) with Bruce Monk that took place in a private setting while you were enrolled as a student at the RWB between 1984 and 2015.

1(a)*: Confirm the **total number of private photo shoots** that took place with Bruce Monk: _____

Royal Winnipeg Ballet Class Action Settlement

STUDENT CLASS MEMBER CLAIM FORM

1(b)*: Provide the following information **for each photo shoot(s), to the best of your ability.**

You may provide the information in one (1) of two (2) ways:

1. You may provide the information below; OR
2. You may append a completed and signed statutory declaration setting out your experience in being photographed by Bruce Monk, ensuring that all the required information is included.

PHOTO SHOOT #1	
Where did this photo shoot take place*:	
Were you touched by Bruce Monk during this photo shoot*:	Yes / No
If you answered Yes to being touched, indicate where you were touched during this photo shoot*: <input type="checkbox"/> Genitals <input type="checkbox"/> Buttocks <input type="checkbox"/> Breasts <input type="checkbox"/> Other: _____	
Were you clothed, partially clothed or unclothed during this photo shoot* (check all that apply) : <input type="checkbox"/> Clothed <input type="checkbox"/> Partially clothed <input type="checkbox"/> Unclothed <input type="checkbox"/> Sexualized	
Check which applies for the photographs from this photo shoot*: <input type="checkbox"/> Published <input type="checkbox"/> Not published, to my knowledge	
Indicate if you included the following supporting documentation with this claim submission (Optional): <input type="checkbox"/> Photographs or negatives from this photo shoot <input type="checkbox"/> Statutory declaration from a witness(s) to corroborate or support your claim <input type="checkbox"/> Evidence that the photographs were published on the Internet or elsewhere <input type="checkbox"/> Other: _____	

PHOTO SHOOT #2	
Where did this photo shoot take place*:	
Were you touched by Bruce Monk during this photo shoot*:	Yes / No
If you answered Yes to being touched, indicate where you were touched during this photo shoot*: <input type="checkbox"/> Genitals <input type="checkbox"/> Buttocks <input type="checkbox"/> Breasts <input type="checkbox"/> Other: _____	
Were you clothed, partially clothed or unclothed during this photo shoot* (check all that apply) : <input type="checkbox"/> Clothed <input type="checkbox"/> Partially clothed <input type="checkbox"/> Unclothed <input type="checkbox"/> Sexualized	
Check which applies for the photographs from this photo shoot*: <input type="checkbox"/> Published <input type="checkbox"/> Not published, to my knowledge	
Indicate if you included the following supporting documentation with this claim submission (Optional): <input type="checkbox"/> Photographs or negatives from this photo shoot <input type="checkbox"/> Statutory declaration from a witness(s) to corroborate or support your claim <input type="checkbox"/> Evidence that the photographs were published on the Internet or elsewhere <input type="checkbox"/> Other: _____	

Royal Winnipeg Ballet Class Action Settlement STUDENT CLASS MEMBER CLAIM FORM

PHOTO SHOOT #3	
Where did this photo shoot take place*:	
Were you touched by Bruce Monk during this photo shoot*:	Yes / No
If you answered Yes to being touched, indicate where you were touched during this photo shoot*: <input type="checkbox"/> Genitals <input type="checkbox"/> Buttocks <input type="checkbox"/> Breasts <input type="checkbox"/> Other: _____	
Were you clothed, partially clothed or unclothed during this photo shoot* (check all that apply): <input type="checkbox"/> Clothed <input type="checkbox"/> Partially clothed <input type="checkbox"/> Unclothed <input type="checkbox"/> Sexualized	
Check which applies for the photographs from this photo shoot*: <input type="checkbox"/> Published <input type="checkbox"/> Not published, to my knowledge	
Indicate if you included the following supporting documentation with this claim submission (Optional): <input type="checkbox"/> Photographs or negatives from this photo shoot <input type="checkbox"/> Statutory declaration from a witness(s) to corroborate or support your claim <input type="checkbox"/> Evidence that the photographs were published on the Internet or elsewhere <input type="checkbox"/> Other: _____	

PHOTO SHOOT #4	
Where did this photo shoot take place*:	
Were you touched by Bruce Monk during this photo shoot*:	Yes / No
If you answered Yes to being touched, indicate where you were touched during this photo shoot*: <input type="checkbox"/> Genitals <input type="checkbox"/> Buttocks <input type="checkbox"/> Breasts <input type="checkbox"/> Other: _____	
Were you clothed, partially clothed or unclothed during this photo shoot* (check all that apply): <input type="checkbox"/> Clothed <input type="checkbox"/> Partially clothed <input type="checkbox"/> Unclothed <input type="checkbox"/> Sexualized	
Check which applies for the photographs from this photo shoot*: <input type="checkbox"/> Published <input type="checkbox"/> Not published, to my knowledge	
Indicate if you included the following supporting documentation with this claim submission (Optional): <input type="checkbox"/> Photographs or negatives from this photo shoot <input type="checkbox"/> Statutory declaration from a witness(s) to corroborate or support your claim <input type="checkbox"/> Evidence that the photographs were published on the Internet or elsewhere <input type="checkbox"/> Other: _____	

If you need additional space to detail your photo shoots, please photocopy this page, or append additional pages, and check this box.

Important: Claimants should **not** submit any information or documentation about any photo shoot(s) that took place **after** they were students at the Royal Winnipeg Ballet School, as any such photo shoots are **not** included in this class action lawsuit.

Royal Winnipeg Ballet Class Action Settlement

STUDENT CLASS MEMBER CLAIM FORM

SECTION G: HEALTH SERVICES FUND

The intended use of payments from the Health Services Fund is to reimburse Eligible Student Class Members for past counselling or health services expenses or to pay for future counselling or health service expenses in respect of the impacts suffered by the Eligible Student Class Members related to being photographed by Bruce Monk in a private setting.

One (1) payment of \$1000 CAD shall be paid to each Student Class Member whom the Claims Administrator determines is an Eligible Student Class Member, and who requests a payment from the Counselling Fund, until such time as the Counselling Fund is fully disbursed, or until all Eligible Student Class Members have been finally determined by the Claims Administrator, whichever is first.

You **must** advise if you wish to make a claim for compensation from the Health Services Fund, by checking the box below:

I wish to make a claim for compensation from the Health Services Fund.

SECTION H: ELECTRONIC PAYMENT INFORMATION

If you provide your complete banking information below, your claim payment(s) (if any) will be deposited directly to your bank account. Otherwise, your claim payment(s) (if any) will be sent by cheque via regular ground mail. You can locate your banking information on your personal cheque or bank statement or by contacting your bank.

Student Class Member's Electronic Payment Information

Bank Name

Name on the Account

--	--	--	--	--

Transit Number

--	--	--

Institution Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Designated FLA Class Member's Electronic Payment Information

Bank Name

Name on the Account

--	--	--	--	--

Transit Number

--	--	--

Institution Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

SECTION I: ATTESTATION

By completing this attestation and signing below, I hereby solemnly declare that I have read and understand the contents of this Claim Form. I declare under penalty of perjury that the statements I have made in this Claim Form are true, correct, and complete to the best of my knowledge, information, and belief.

Student Claimant Printed Name

Designated FLA Claimant Printed Name

Student Claimant Signature

Designated FLA Claimant Signature