

CLAIM FORM PACKAGE

BC TEL AL SERIES 11.35% BONDHOLDERS

Must be Returned and Postmarked No Later Than August 15, 2008

This claim form package contains the following:

- Privacy Statement
- Instructions
- Claim Form

PRIVACY STATEMENT

Individual Bondholder Information is collected, used, and retained by Claims Administrator, Crawford Class Action Services (“Crawford”) in compliance with the *Personal Information Protection and Electronics Documents Act* S.C. 2000, c.5 (PIPEDA):

- For the purpose of administering damages awarded in the lawsuit bearing court file No.98-CV-147382.
- To evaluate and consider each Bondholder’s entitlement to compensation.
- Is strictly private and confidential and will not be disclosed outside the Court proceeding related to this action without the express written consent of the Bondholder, except as required by law.

INSTRUCTIONS

A. General Instructions

1. If you held BC TEL AL SERIES 11.35% Bonds and received redemption proceeds on or about December 30, 1997, you are a member of a class of Bondholders in a representative action bearing Court File No. 98-CV-147382 filed in Ontario against BC TEL (now TELUS Communications Inc.).
2. To recover your damages, you must complete and sign this Claim Form. **If you fail to file or properly complete a Claim Form, your claim may be rejected and you may be precluded from recovery.**
3. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM, POSTMARKED ON OR BEFORE AUGUST 15, 2008 TO:

**BC TEL AL SERIES Bondholders
c/o Crawford Class Action Services
Suite 3 – 505 133 Weber St. North
Waterloo, ON N2J 3G9**

If you did not hold BC TEL AL SERIES 11.35% Bonds on December 30, 1997 , DO NOT submit a Claim Form.

B. Claimant Identification

1. If you held BC TEL AL SERIES 11.35% Bonds in your name for your own account on December 30, 1997, and were issued a bond certificate, you are the registered holder and the beneficial holder. If the Bonds were registered in the name of a third party and held on your behalf, such as a nominee (CDS for example) or brokerage firm, then you are the beneficial holder and the third party is the registered holder.
2. You may file this Claim Form and apply for compensation if you are:
 - (a) both the registered holder and beneficial holder;
 - (b) a registered holder and are duly authorized to make a claim on behalf of and for the benefit of one or more beneficial holders;
 - (c) the beneficial holder; or
 - (d) the legally authorized representative (i.e. executor, administrator, guardian, trustee, or legal counsel) of a beneficial holder.
3. Use Part I of the Claim Form, entitled "Claimant Identification", to identify in which capacity this claim is being made, and to provide contact information.
4. Executors, administrators, guardians, trustees, and legal counsel must complete and sign the Claim Form on behalf of Persons or entities represented by them. Their authority must accompany the Claim Form and their titles and/or capacities must be stated.
5. The social insurance (or other taxpayer identification) number and telephone number of the registered holder or beneficial holder may be used in verifying the claim. All information will be collected and used in strict compliance with applicable privacy laws.
6. Failure to provide the foregoing information could delay verification of your claim or result in its rejection.

C. Confirmation of Holdings of BC TEL AL Series 11.35% Bonds

1. Use Part II of the Claim Form, entitled "Registered Or Beneficial Holdings Of BC Tel Al Series", to provide the required details of your holdings of BC TEL AL SERIES 11.35% Bonds as of December 30, 1997. If you need more space or additional schedules, attach separate sheets providing all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.
2. Broker, Nominee, Trustee and other confirmations or documentation of your beneficial holding of the BC TEL AL SERIES 11.35% Bonds should be attached to your Claim Form if available.
3. The above information requests are designed to provide the minimum amount of information necessary to process relatively simple claims. The claims administrator, Crawford may request additional information as required to efficiently and reliably calculate your losses. In cases where Crawford cannot at a reasonable cost, with the information provided, assess your claimed eligibility, it may accept your Claim Form conditionally upon the production of additional information.

D. Acknowledgments and Releases

1. Part III entitled "Submission To Jurisdiction Of Court and Acknowledgements" contains acknowledgements and releases by you. Please read all of the acknowledgments and release terms carefully.
2. **Your signature confirms acceptance of all of the acknowledgments, and confirmation of the releases, by way of a solemn declaration made under penalty of perjury, pursuant to the laws of Canada.**

E. Questions

For questions regarding Claim Form completion, please contact the Claims Administrator:

**Crawford Class Action Services
Suite 3 – 505 133 Weber St. North
Waterloo, ON N2J 3G9
1-866-553-1124**

For questions regarding the Litigation, please submit your question in writing to:

**McCarthy Tétrault LLP
Attention: Cecilia V. Hoover
Email: choover@mccarthy.ca
Fax: 416-868-0673**

CLAIM FORM

PART I: Claimant Identification

(If you are the personal representative of a deceased or mentally incompetent beneficial holder, please complete section C below.)

Check a box:

- I am the REGISTERED HOLDER and BENEFICIAL HOLDER (complete section "A")
- I am the REGISTERED HOLDER claiming on behalf of other beneficial holders (complete section "A")
- I am the BENEFICIAL HOLDER (complete section "B")
- I am the LEGALLY AUTHORIZED REPRESENTATIVE of a beneficial holder (complete section "C")

SECTION A

REGISTERED HOLDER

Name of individual representing claimant

Surname _____ First Name _____

Company Name _____

Title of individual representing claimant (check box)

- Director
- President
- Trustee
- Officer (Please Specify) _____
- General partner
- Other _____

Company Street Address _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Country: _____

Phone Number: () _____ Fax Number: () _____

Email address: _____

Claimant's corporate status (check all that apply)

- Corporation
- Trust
- Broker
- Partnership
- Dealer
- Other: _____

Jurisdiction of Incorporation _____ Corporation Number _____

Tax ID GST # _____ HST # _____
 PST # _____ QST # _____

SECTION B

INDIVIDUAL BENEFICIAL HOLDER

First Name: _____ Initial: _____ Last Name: _____

Last name at time of purchase (if different from above): _____

Current Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Country: _____

SIN or other taxpayer identification number: _____

Res. Phone Number: () _____ Bus. Phone Number: () _____ Ext.: _____

E-mail Address: _____

REGISTERED HOLDER (Holder of Record)

Name _____

CORPORATE BENEFICIAL HOLDER

Name of individual representing claimant

Surname _____ First Name _____

Company Name _____

Title of individual representing claimant (check box)

- Director
- Officer (Please Specify _____)
- President
- General partner
- Trustee
- Other _____

Company Street Address _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Country: _____

Phone Number: () _____ Fax Number: () _____

Email address: _____

Claimant's corporate status: (check box)

- Corporation
- Partnership
- Trust
- Other _____

Jurisdiction of Incorporation _____ Corporation Number _____

Tax ID GST # _____

PST # _____

HST # _____

QST # _____

REGISTERED HOLDER (Holder of Record)

Name _____

SECTION C: IDENTIFICATION OF PERSONAL REPRESENTATIVE OF BENEFICIAL HOLDER OR REGISTERED HOLDER

If you are claiming as a Personal Representative, please attach a copy of the court order or other official document appointing you to act as a representative

- Executor
- Administrator
- Guardian
- Trustee
- Other _____

Bondholder's First Name: _____ Initial: _____ Last Name: _____

Representative's First Name: _____ Initial: _____ Last Name: _____

Last name of Bondholder at time of purchase (if different from above): _____

Date of death or declaration of incapacity of beneficial holder (if applicable): _____

Representative's Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Country: _____

Res. Phone Number: () _____ Bus. Phone Number: () _____ Ext.: _____

E-mail Address: _____

LEGAL COUNSEL

If you are represented by legal counsel (lawyer) in connection with your Claim, please complete this section:

Law Firm Name: _____

Lawyer First Name: _____ Lawyer Last Name: _____

Office Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Country: _____

Lawyers Phone Number: () _____ Ext.: _____

Lawyers Fax Number: () _____

Email address: _____

PART II: Registered Or Beneficial Holdings Of BC TEL AL Series 11.35% Bonds

If you require additional space, please copy this page or attach extra schedules using the same format as below. Sign and print your name on each additional page.

A. Total principal amount of BC TEL AL SERIES BONDS **HELD** as of December 30, 1997:

B.

Purchase Date MM/DD/YYYY	Principal Amount of Bonds Purchased or Acquired	Amount of Redemption Proceeds Received

C. Please provide copies of any documentation you may have which shows your holdings of BC TEL AL SERIES 11.35% BONDS on December 30, 1997, and confirmation of redemption proceeds received.

Attached documents:

- 1.
- 2.
- 3.

No documentation is available

Additional information to assist in considering your claim:

PART III: SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS

1. I understand that any capitalized terms not otherwise defined in this Claim Form, have the meanings ascribed to them in the Claims Procedure Plan, approved by order of the Court dated June 13, 2008, 2008.
2. I submit to the jurisdiction of the Ontario Court with respect to my claim. I further acknowledge that I am bound by and subject to the terms of any judgment/order that may be entered by the Court or any appellate courts with respect to compensation provided for under the Claims Procedure Plan, and am bound by and subject to the decisions of the Bondholders Committee, elected by Special Resolution in accordance with the terms of the governing Trust Indenture.
3. I am submitting this Claim Form under the terms of the Claims Procedure Plan, approved and confirmed by the Order of the Ontario Superior Court of Justice, dated June 13, 2008.
4. I acknowledge that I have read the Notice and believe that I am entitled to compensation pursuant to the Orders of the Ontario Courts.
5. I confirm that I held BC TEL AL SERIES 11.35% Bonds either directly or for the benefit of others, which bonds were redeemed on or around December 30, 1997.
6. I hereby warrant and confirm that my holdings of BC TEL AL SERIES 11.35% Bonds were not encumbered in any way so as to affect title to them as at December 30, 1997.
7. I hereby warrant and represent that I have included all information available, to the best of my knowledge, of my holdings of BC TEL AL SERIES 11.35% Bonds as at December 30, 1997.
8. I confirm and warrant that I have not submitted any other claim covering the same holdings and redemption of the BC TEL AL SERIES 11.35% Bonds and know of no other person having done so on my behalf.
9. I agree to furnish additional information to the Claims Administrator to support this claim if requested to do so, and acknowledge that the information contained in this Claim Form may be subject to verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verifications.
10. If I am claiming in the capacity of a registered bondholder or as a duly authorized legal representative of a beneficial holder, I confirm that I have the express right and authorization to claim on behalf of the beneficial holder(s) on whose behalf this claim is made, and specifically release and indemnify the Plaintiffs, TELUS, the Representative Plaintiff, Plaintiffs' Counsel, TELUS' Counsel, and the Claims Administrator (together with their heirs, executors, administrators, successors, assigns, officers, directors, and employees) (collectively the "**Released Parties**") from any claims, actions, demands whatsoever in respect of the payment of funds to me pursuant to this claim.
11. Upon acceptance of this claim by the Claims Administrator, my signature hereto will constitute a full and complete release and discharge by me and my personal representatives, heirs, executors, administrators, trustees, beneficiaries, successors and assigns (or if I am submitting this Claim Form on behalf of a corporation, partnership, estate, trust, or one or more other persons, by it, him, her or them and by its, his, her or their personal representatives, heirs, executors, administrators, trustees, beneficiaries, current or former plan members and contributors, successors and assigns) of each of the Released Parties for each and every Accepted Claim, and any payments made by any of the Released Parties in respect of this claim.

I SOLEMNLY DECLARE under penalty of perjury pursuant to the laws of Canada that all of the information provided in this Claim Form supplied directly or indirectly on behalf of the undersigned is true and that all of the information is complete and accurate, to the best of my knowledge.

Date

Signature

Company name and Title (if applicable)