

Proof of Claim Form

Part 1: Insolvent CIPF Member Information

CIPF Member: _____

Date of Insolvency¹: _____

Part 2: Customer Information

Customer Name: _____

Address: _____

Telephone (during the day): _____ Fax: _____

Email Address: _____

Incorporated customers, please state the primary business of the corporation:

Please indicate whether, on or around the date of the CIPF Member's insolvency, you:

- Owned five percent or more of any class of equity security of the CIPF Member,
- Were a subordinated lender to the CIPF Member,
- Were a general partner or director of the CIPF Member,
- Were a limited partner with a participation of five percent or more in the net assets or net profits of the CIPF Member,
- Were a person with the power to exercise a controlling influence over the CIPF Member's management or policies,
- Were a person who caused or materially contributed to the CIPF Member's insolvency,
- Were a person who did not deal at arm's length with the CIPF Member.

Part 3: Details of Loss

Account Number(s) at CIPF Member: _____

¹ Date Court Appointed Receiver or trustee



Claim Amount: _____

Calculation and Description of Loss (attach details as required):

Please indicate whether the amount claimed, or any part of the amount claimed, was a result of:

- Changing market values of securities
- Unsuitable investments
- The default of an issuer of securities
- Losses in accounts related to business financing purposes of a CIPF Member, such as securities lending and purchase/repurchase transactions;
- Assets that were not held in an account at the insolvent CIPF Member at the date of its Insolvency
- Assets that were not held in an account at the insolvent CIPF Member at the date of its Insolvency but should have been

Part 4:

Back-up provided with this form to support calculation of loss:

Account Statements – Date(s) ranges: _____

New Account Application Form _____

Correspondence with CIPF Member Regarding Loss _____

Other (provide details) _____

Part 5:

All notices or correspondence regarding this claim must be forwarded to the claimant or claimant's representative at the following address:

Part 6:

I certify that to the best of my knowledge the above information supporting the amount claimed is complete and accurate:

Signature of claimant: _____

Name: _____

Date: _____

The information provided in this Proof of Claim Form may be privileged or confidential or may constitute personal information pursuant to applicable privacy legislation. Subject to applicable laws, the information provided is intended for use by CIPF, a trustee in bankruptcy or other insolvency official of the estate to which the Claim relates, regulatory authorities having jurisdiction, and their respective advisors in advancing and assessing the Claim submitted. By providing this information, I acknowledge and consent to its use and disclosure for such purposes.