

Barret Capital Management Inc. (Barret) CIPF Customer Claim Form

(Pour obtenir le formulaire en français, veuillez contacter le FCPE
par téléphone au 416 866-8366 ou sans-frais au 1 866 243-6981)

For Internal Use Only

Claim Number: _____

Date Received: _____

INSTRUCTIONS:

1. This claim form must be received by CIPF on or before October 31, 2013. Retain a copy for your records.
2. All completed claim forms can be sent using any of the following:

Electronic mail: info@cipf.ca
Fax: 416-360-8441
Mail: Canadian Investor Protection Fund
79 Wellington Street West, Suite 610, Box 75
Toronto, Ontario
M5K 1E7

3. There are 6 parts to this claim form. **You must complete parts 1,3,4,5 & 6.**

1. Contact Information - You must complete all fields or indicate if field is not applicable

NAME: _____

Attn. of: _____

ADDRESS: _____

Contact Information **Office Phone:** _____

Home Phone: _____

E-mail: _____

2. Authorization For Person(s) (i.e. financial advisor, lawyer, power of attorney) To Act On Your Behalf With Respect to This Claim

Please provide the name and address of anyone you authorize CIPF to deal with on your behalf regarding this claim

NAME: _____

ADDRESS: _____

Contact Information **Office Phone:** _____

Home Phone: _____

E-mail: _____

**Barret Capital Management Inc. (Barret)
CIPF Customer Claim Form**

3. Claim to CIPF

List all cash and securities that Barret was responsible to return to you but did not. This will form the basis of your claim. Continue a list in a separate document if more space is needed. You must provide an amount in the “Total Claim to CIPF” field and the amounts in the “Amount Claimed” column must add to the “Total Claim to CIPF”.

Barret Account Number	Account Type <small>For example, Cash, TFSA, RRSP, RRIF, RLIF</small>	Date of Purchase or Cash Deposit	Cash or Name of Security	Number of Shares (units) or Par Value of Bonds	Amount Claimed
Total Claim to CIPF					

4. Documents

a. Mandatory Explanation

Review the CIPF Coverage Policy and provide an explanation for the amount(s) you are claiming in relation to the Policy. Please note that CIPF does not provide coverage for unsuitable investments, or the default of an issuer.

b. Optional Documents

Proper documentation can speed the review of your claim. Suggested documents are listed in the table. Space has been provided for any other documents you wish to include in your claim (continue list in a separate document if more space is needed).

	Document Name or Description	Provided Yes/No	Reference
1	Barret account statements. In particular the statement listing the securities being claimed, or where the claimed securities and cash were listed, if different.		
2	Purchase and sale confirmations for all securities claimed.		
3	Correspondence with Barret that will assist in the review of your claim. Correspondence could include complaints to Barret about the handling of your account.		
4	New Account Application Form		
5			
6			
7			
8			
9			

5. Questions – you must provide an answer to each of the following questions. Your claim will not be accepted for handling until all questions are answered. If you answer yes to any question you must provide an explanation:

#	Question	YES	NO	Explanation for YES Answers
1.	Are you/ or were you ever a director, officer, partner, shareholder, lender to or capital contributor of Barret?			
2.	Are you/ or were you ever related to a person included in 1 above?			
3.	Are you, or were you ever, a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of Barret?			
4.	Do you / or did you ever own equity shares in Barret?			
5.	Have you always dealt at arms length with persons included in 1 to 4 above?			
6.	Do you / or did you ever guarantee another Barret customer account?			
7.	Are you / or have you ever been guaranteed by another Barret customer?			
8.	Have you been / or are you entitled to be compensated by parties other than CIPF for any of the losses that you are claiming?			
9.	Prior to the date of bankruptcy or suspension by IIROC, have you initiated any litigation against Barret?			
10.	Prior to the date of bankruptcy or suspension by IIROC, have you initiated any complaints against Barret, and if so to whom?			

6. THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF

If ownership of the account is shared, all must sign below. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet.

If other than a personal account, e.g. corporate, trustee, custodian etc., state your capacity. Please supply the trust agreement or other proof of authority.

Name _____
Signature: _____
Date _____

Name _____
Signature: _____
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.