

# First Leaside Securities Inc. (FLSI)

## 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 Ernst & Young, as CIPF representative, on or before October 12, 2013. Retain a copy for your records.
2. All completed claim forms can be sent using any of the following:  
Electronic mail: FLSI@ca.ey.com  
Fax: 514-879-3916  
Mail: Ernst & Young Inc. (c/o First Leaside)  
1900-800, boul. René-Lévesque Ouest  
Montréal (Québec)  
H3B 1X9
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: \_\_\_\_\_

3. Claim to CIPF

List all cash and securities that FLSI 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”.

| FLSI Account Number<br><br>(Enter as ###-###-#) | Account Type<br><br>For example, Cash, TFSA, RRSP, RRIF, RLIF | Date of Purchase or Cash Deposit | Cash or Name of Security | Number of Shares (units) or Par Value of Bonds | Amount Claimed |
|-------------------------------------------------|---------------------------------------------------------------|----------------------------------|--------------------------|------------------------------------------------|----------------|
|                                                 |                                                               |                                  |                          |                                                |                |
|                                                 |                                                               |                                  |                          |                                                |                |
|                                                 |                                                               |                                  |                          |                                                |                |
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|                                                 |                                                               |                                  |                          |                                                |                |
|                                                 |                                                               |                                  |                          |                                                |                |
|                                                 |                                                               |                                  |                          |                                                |                |
| 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<br>Yes/No | Reference |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|
| 1 | FLSI 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 FSLI that will assist in the review of your claim. Correspondence could include complaints to FLSI 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 FLSI?                                                                                              |     |    |                             |
| 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 FLSI? |     |    |                             |
| 4.  | Do you / or did you ever own equity shares in FLSI?                                                                                                                                                         |     |    |                             |
| 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 FLSI customer account?                                                                                                                                           |     |    |                             |
| 7.  | Are you / or have you ever been guaranteed by another FLSI 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 FLSI?                                                                                                     |     |    |                             |
| 10. | Prior to the date of bankruptcy or suspension by IIROC, have you initiated any complaints against FLSI, 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.