

ASSANTE CLASS ACTION

CLAIM FORM

TO BE ELIGIBLE FOR COMPENSATION YOUR COMPLETED CLAIM FORM TOGETHER WITH SUPPORTING DOCUMENTATION MUST BE MAILED TO THE CLAIMS ADMINISTRATOR NO LATER THAN MARCH 8, 2016.

INSTRUCTIONS FOR CLAIM FORM

1. If you held at least one Assante Wealth Management (Canada) Ltd. or Assante Capital Management Ltd. (collectively, “**Assante**”) investment account that was under the administration and direction of Brian Malley, during the time period of January 1, 2008 through to and including December 31, 2013, and you are not an Opt-Out Party or a named Defendant in Court of Queen’s Bench Action No. 1210-01029 (i.e., Assante Wealth Management (Canada) Ltd., Assante Capital Management Ltd., Brian Malley or Christine Malley), you are eligible to submit a Claim Form.
2. You must fill out each section of this Claim Form in its entirety.
3. You must provide all of the required documentation stipulated in this Claim Form.
4. Claim Forms must be sent by mail to the Claims Administrator postmarked no later than March 8, 2016. The Claims Administrator’s address is:

RicePoint Administration Inc.
P.O. Box 3355
London, ON N6A 4K3
5. Claims Forms which are postmarked after March 8, 2016 may be rejected by the Claims Administrator.
6. The Claims Administrator may be reached by telephone at 1-866-432-5534 or by email at assante@ricepoint.com .

1. IDENTIFICATION OF CLASS MEMBER

Name: _____
Legal Name of Class Member

Contact Person (If Class Member is a corporation)

4. DECLARATION

I declare that I have read and understand the contents of this Claim Form, the Disclaimer and Instructions. I declare under penalty of perjury that the statement I have made in this Claim Form is true, correct and complete to the best of my knowledge, information and belief.

Date

Signature (Claimant or Representative)

Note: To preserve eligibility for benefits under the settlements, your completed application, together with the required documentation must be submitted to the Claims Administrator no later than **March 8, 2016**.

Please mail this Claim Form to the following address:

**RicePoint Administration Inc.
P.O. Box 3355
London, ON N6A 4K3**