



MFDA Investor Protection Corporation

Corporation de protection des investisseurs de l'ACFM

121 King Street West, Suite 1000, Toronto, Ontario M5H 3T9 Telephone: 416-361-6332 Fax: 416-361-9781

Proof of Claim Form

MFDA Member Information:

Name of MFDA Member: W.H. Stuart Mutuals Ltd.

Date of Suspension: May 31, 2013

Customer Information (please complete one form per person; multiple accounts of the same person may be combined on one claim form):

Name: _____

Address: _____

Telephone Number(s): _____

Email Address: _____

Name of the Investment Advisor on the Account: _____

Please provide the address, if different from above, where you would like us to correspond with you:

Please indicate whether you:

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

Details of Loss:

Account number(s) at the member: _____

Claim amount: _____

Calculation and description of claimed loss:

Please include all missing assets and their value above. Please ensure that the breakdown of the assets totals to the claim amount.

To support the determination of the amount of the loss, please attach additional calculations or details as necessary, as well as backup documentation, as follows:

- Client account statements for the last 3 years. If you received statements for your mutual fund account from W.H. Stuart Mutuals Ltd. (WHS) or from W.H. Stuart and Associates, please include all of the statements you have.
- Details of the payments you have received from your WHS accounts for the last 3 years.
- If you participated in investments with WHS or W.H. Stuart and Associates such as investments in a promissory note or investments in a broker administered money market account, please send the documentation of the nature and amount of the investment.
- If you have relevant correspondence with your representative about the accounts or the WHS sponsored investments, please include copies of that.

Please indicate whether the amount claimed includes any amount pertaining to:

- Decrease in market value of investments
- An unsuitable investment
- A default of the issuer of the securities
- An account used for business financing purposes of a member
- Assets that were not in an account of the member at the time of insolvency

If there is someone that you authorize for IPC to deal with on your behalf, such as a lawyer, relative or financial advisor, please provide the name, address and other contact information for that person:

Name: _____

Address: _____

Telephone Number(s): _____

Email Address: _____

Relationship of claimant to authorized person: _____

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

Signature of claimant: _____

Name: _____

Date: _____

When it is completed, please send this form and the supporting documentation to the MFDA Investor Protection Corporation, 121 King Street West, Suite 1000, Toronto, ON, M5H 3T9.