

PRIVATE & CONFIDENTIAL

Date

Employee  
Mailing Address

### STATEMENT OF ACCOUNTS

Hello,

You are receiving this statement of accounts in your capacity as a former employee of Laura's Shoppe (P.V.) Inc. / Magasin Laura (P.V.) inc. for whom sums are due in accordance with records and accounting books and in accordance with the applicable provincial laws and regulations respecting labour standards. We invite you to use the information below to complete your proof of claim.

| Description  | Amount (\$CA) |
|--|---------------|
| Severance Pay <i>(where applicable)</i>                                  | <b>A1</b>     |
| Notice of termination  | <b>A</b>      |
| Vacation<br>(Balance accumulated between February 1 and July 31, 2020)   | <b>B</b>      |
| Vacation<br>(Balance accumulated before February 1 <sup>st</sup> , 2020) | <b>C</b>      |
| Other  | <b>D</b>      |
| <b>Total</b>   | <b>Total</b>  |

Should you have any questions, please do not hesitate to contact the Monitor, KPMG, by email at [laura@kpmg.ca](mailto:laura@kpmg.ca)



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**Employees**  
 (Please refer to Schedule "A" -  
 Statement of Account)

**Proof of Claim Form (regular)**

**Proof of Claim against  
 Magasin Laura (P.V.) Inc. / Laura's Shoppe (P.V.) Inc.  
 as at July 31, 2020**

**IN THE MATTER OF THE PLAN OF COMPROMISE OR ARRANGEMENT OF :**

**MAGASIN LAURA (P.V.) INC. / LAURA'S SHOPPE (P.V.) INC.** (referred to in this form as the "**Debtor**")

and the claim of **Employee's Name** (referred to in this form as the "**Creditor**").

All notices or correspondence regarding this claim to be forwarded to the creditor at the following address:

**Employee's Name** \_\_\_\_\_ (name of creditor)

**Mailing Address** \_\_\_\_\_ (number and street)

**City, province, country, postal code** \_\_\_\_\_ (city, province, country, postal code)

Phone **mandatory** \_\_\_\_\_ Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

I, **Employee's Name** residing in the City of **City**

in the Province of **Province** do hereby certify that:

|   |    |   |
|---|----|---|
| <b>If you are an officer of the company, state position or title</b>  | 1. | <input checked="" type="checkbox"/> I am a creditor or<br><input type="checkbox"/> I am _____ of the creditor   |
|   | 2. | <input checked="" type="checkbox"/> I have knowledge of all the circumstances connected with the claim referred to below.   |
| <b>The attached statement of account or affidavit (or solemn declaration) must specify the vouchers or other evidence in support of the claim</b> | 3. | The Debtor was, as at the Determination Date, namely July 31, 2020 and still is, indebted towards the creditor in the amount of \$ <b>Total</b> , as specified in the statement of account (or affidavit or solemn declaration) attached and marked Schedule "A" hereto, after deducting any counterclaims to which the Debtor is entitled. |
| <b>Write down the amount of the unsecured Claim against the Debtor</b>  | 4. | Unsecured Claim in the amount of \$ <b>Total</b> for which I do not hold any assets of the Debtor as security.  |
| <b>Write down the amount of the secured Claim against the Debtor</b>  | 5. | Secured Claim in the amount of \$ _____ for which I hold a security on the assets of the Debtor. (Details annexed as Schedule B)  |
| <b>Write down the amount of the Restructuring Claim</b>   | 6. | Restructuring Claim in the amount of \$ _____ for which I do not hold any assets of the Debtor as security.   |

|   |  |  |
|---|--|--|
| <p><b>Write down the Claim against the Officers and Directors of the Debtors</b></p>  | 7.   | <p>Claim against the Officers and Directors of the Debtor in the amount of \$ _____</p>  |
| <p><b>Write down the amounts owed to you as unused and accrued vacation pay, specifying the amount, which accrued during the specified period.</b></p> <p><b>Write down the amount you are owed as termination pay.</b></p> <p><b>If you are in agreement with the schedule provided to you by the Debtor, please attach it as Schedule "A". If you are not in agreement with said schedule, please explain your claim in an affidavit or solemn declaration.</b></p> | 8.   | <p>At the time of my termination, I was owed \$ <b>B+C</b> for accrued and unused vacation pay, \$ <b>B</b> of which accrued to me during the period of February 1, 2020 to July 30, 2020.</p> <p>In addition to my vacation pay, I am owed the following amount as termination pay pursuant to the applicable legislation \$ <b>A1+A+D</b>.</p> <p>The amount of my claim is specified in the statement of account (or affidavit or solemn declaration) attached and marked as Schedule "A" hereto.</p> |
| <p>Dated at <u>    <b>City</b>    </u>, this <u>    <b>X<sup>th</sup></b>    </u> day of <u>    <b>month</b>    </u> 2020</p>   |  |  |
| <p style="text-align: center;"><u>    <b>mandatory</b>    </u></p> <p>Witness</p>   | <p style="text-align: center;"><u>    <b>mandatory</b>    </u></p> <p style="text-align: center;">Signature of individual completing this form</p> |  |

**Instructions for completing Proof of Claim forms:**

- This Proof of Claim form should be used by all Creditors of the Applicant, other than a Landlord with a Renegotiated Lease Claim or a Disclaimed Lease Claim. For greater certainty, a Landlord that does not have a Renegotiated Lease Claim or a Disclaimed Lease Claim should use this Proof of Claim Form.
- A Landlord with a Renegotiated Lease Claim or a Disclaimed Lease Claim must file a Landlord Proof of Claim, a copy of which can be obtained on the Monitor's website: [home.kpmg/ca/laura](http://home.kpmg/ca/laura).
- All capitalized terms in the Proof of Claim form have the same meanings ascribed to them in the Claims Procedure Order.

The duly completed Proof of Claim together with supporting documentation must be returned and received by the Monitor, by e-mail, facsimile, mail, courier or registered mail to the address set out below, no later than 5:00 p.m. on October 5, 2020 (the "**Claims Bar Date**").

**FAILURE TO FILE YOUR PROOF OF CLAIM AGAINST THE DEBTOR AND/OR ITS DIRECTORS OR OFFICERS BY THE CLAIMS BAR DATE WILL RESULT IN YOUR CLAIM BEING FOREVER EXTINGUISHED AND BARRED.**

In completing the attached form, your attention is directed to the following requirements:

1. The Proof of Claim must be completed and signed by an individual and not by a corporation. If you are acting for a corporation or other person, you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc.
2. The person signing the Proof of Claim must have knowledge of the circumstances related with the claim.
3. All amounts claimed should be supported by a statement of account, an affidavit or a solemn declaration containing the details of such claim that must be marked "Schedule A". The date at which claims are to be calculated and the correct name of the Debtor must appear on the statement of account, affidavit or solemn declaration.
4. The person signing the Proof of Claim must insert the place and date and the signature must be witnessed.

**KPMG Inc.**

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