

**PROOF OF CLAIM FORM FOR CLAIMS AGAINST  
DIRECTORS OR OFFICERS OF THE TARGET CANADA ENTITIES<sup>1</sup>  
(the “D&O Proof of Claim”)**

This form is to be used only by Claimants asserting a claim against any Directors and/or, Officers of the Target Canada Entities and NOT for claims against the Target Canada Entities themselves. For claims against the Target Canada Entities, please use the form titled “Proof Of Claim Form For Claims Against the Target Canada Entities”, which is available on the Monitor’s website at [www.alvarezandmarsal.com/targetcanada](http://www.alvarezandmarsal.com/targetcanada).

**1. Name of Target Canada Officer(s) and/or Director(s) (the “Debtor(s)”):**

**Debtor(s):** \_\_\_\_\_

**2(a) Original Claimant (the “Claimant”)**

Legal Name of Claimant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Prov /State \_\_\_\_\_  
Postal/Zip Code \_\_\_\_\_

Name of Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
email \_\_\_\_\_

**2(b) Assignee, if claim has been assigned**

Legal Name of Assignee \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Prov /State \_\_\_\_\_  
Postal/Zip Code \_\_\_\_\_

Name of Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
email: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Target Canada Co., Target Canada Health Co., Target Canada Mobile GP Co., Target Canada Pharmacy (BC) Corp., Target Canada Pharmacy Corp., Target Canada Pharmacy (SK) Corp., Target Canada Property LLC, Target Canada Pharmacy Franchising LP, Target Canada Mobile LP, And Target Canada Property LP (collectively, the “Target Canada Entities”).

**3. Amount of Claim**

The Debtor(s) was/were and still is/are indebted to the Claimant as follows:

Name(s) of Director(s), and/or Officers	Currency	Amount of Claim (including interest up to and including January 14, 2015)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Documentation**

Provide all particulars of the Claim and supporting documentation, including any claim assignment/transfer agreement or similar document, if applicable, and including amount and description of transaction(s) or agreement(s) or legal breach(es) giving rise to the Claim.

**5. Certification**

I hereby certify that:

1. I am the Claimant or authorized representative of the Claimant.
2. I have knowledge of all the circumstances connected with this Claim.
3. The Claimant asserts this Claim against the Debtor(s) as set out above.
4. Complete documentation in support of this Claim is attached.

Signature: _____ Name: _____ Title: _____	Witness: _____ (signature) _____ (print)
Dated at _____ this _____ day of _____, 2015	

**6. Filing of Claim**

**This D&O Proof of Claim must be received by the Monitor on or before 5:00 p.m. (Toronto time) on August 31, 2015 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:**

**Alvarez & Marsal Canada Inc., Target Canada Monitor  
Royal Bank Plaza, South Tower  
200 Bay Street, Suite 2900, P.O. Box 22  
Toronto, ON Canada M5J 2J1  
Attention: Greg Karpel  
Email: [targetcanadaclaims@alvarezandmarsal.com](mailto:targetcanadaclaims@alvarezandmarsal.com)  
Fax No.: 416-847-5201**

For more information see [www.alvarezandmarsal.com/targetcanada](http://www.alvarezandmarsal.com/targetcanada), or contact the Monitor by telephone (1-844-864-9548)