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**NOTICE OF DISPUTE OF EMPLOYEE TRUST CLAIM REVISION OR  
DISALLOWANCE**

**With respect to the Target Employee Trust**

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Claims Reference Number: \_\_\_\_\_

1. **Particulars of Claimant:**  
Full Legal Name of Claimant

\_\_\_\_\_  
\_\_\_\_\_  
(the "Trust Claimant")

Full Mailing Address of the Trust Claimant:

\_\_\_\_\_  
\_\_\_\_\_

Other Contact Information of the Trust Claimant:

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Attention (Contact Person): \_\_\_\_\_

2. **Dispute of Revision or Disallowance of Claim:**  
The Trust Claimant hereby disagrees with the value of its Claim, as set out in the Notice of Revision or Disallowance and asserts a Claim as follows:

<b>Amount allowed by Administrator: (Notice of Revision or Disallowance)</b>	<b>Amount claimed by Trust Claimant:</b>
\$	\$

Reasons:

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