

## **INSTRUCTIONS FOR COMPLETING AND SUBMITTING YOUR APPLICATION**

### **Step One: Filling Out the Form**

The Application is a fillable form. That means you can type your answers right into the form online, and then move to Step Two. The fillable Application form is available from the Monitor's website here <http://cfcanada.fticonsulting.com/Searscanada/employeehardshipfund.htm>

If you are unable to fill in your form electronically, please print the form out and ensure your writing is clear and legible.

### **Step Two: Sending In the Form**

The Monitor requires a signed and witnessed Application in order to process it. If there is no signature and witness signature, the Monitor cannot process your Application.

There are three options for providing your signed and witnessed Application to the Monitor:

1. Fill in the Application (Step One), and print it out, sign it with your witness also signing it, scan the signed form and email it to the Monitor at [searscanada@fticonsulting.com](mailto:searscanada@fticonsulting.com).
2. Fill in the Application (Step One), and print it out, sign it with your witness also signing it and fax the signed form to the Monitor at (416) 649-8101.
3. Fill in the Application (Step One), and print it out, sign it with your witness also signing it, and mail the signed form to the Monitor at the address below.

FTI Consulting Canada  
TD South Tower  
79 Wellington Street West  
Suite 2010, P.O. Box 104  
Toronto, Ontario M5K 1G8  
**Attention: Sears Employee Hardship Fund**

**ONTARIO  
SUPERIOR COURT OF JUSTICE  
(COMMERCIAL LIST)**

IN THE MATTER OF THE *COMPANIES' CREDITORS ARRANGEMENT ACT*, R.S.C. 1985, c. C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF SEARS CANADA INC., CORBEIL ÉLECTRIQUE INC., S.L.H. TRANSPORT INC., THE CUT INC., SEARS CONTACT SERVICES INC., INITIUM LOGISTICS SERVICES INC., INITIUM COMMERCE LABS INC., INITIUM TRADING AND SOURCING CORP., SEARS FLOOR COVERING CENTRES INC., 173470 CANADA INC., 2497089 ONTARIO INC., 6988741 CANADA INC., 10011711 CANADA INC., 1592580 ONTARIO LIMITED, 955041 ALBERTA LTD., 4201531 CANADA INC., 168886 CANADA INC., AND 3339611 CANADA INC.

**APPLICATION FORM FOR HARDSHIP PAYMENTS**

**APPLICANT INFORMATION**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone Number(s): \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Social Insurance Number: \_\_\_\_\_
6. Sears Canada Employee Number: \_\_\_\_\_

**SEARS CANADA EMPLOYMENT INFORMATION**

1. Date Employment with Sears Canada Began: \_\_\_\_\_
2. Date Employment with Sears Canada Terminated: \_\_\_\_\_
3. Province or Region employed in: \_\_\_\_\_
4. Store or Head Office: \_\_\_\_\_ Store No.: \_\_\_\_\_
5. Position: \_\_\_\_\_
6. Gross Monthly Income: \$ \_\_\_\_\_
7. If any, amount of severance received: \_\_\_\_\_
8. If eligible, date of eligibility to receive Sears Canada pension: \_\_\_\_\_

**CURRENT SOURCES OF INCOME**

1. Employment Insurance:

- a. Amount: \_\_\_\_\_
- b. Actual/Expected End Date: \_\_\_\_\_
- c. If no EI, or EI terminated, reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

2. Social Assistance:

- a. Type of Social Assistance: \_\_\_\_\_
- b. Commencement Date: \_\_\_\_\_
- c. Amount: \_\_\_\_\_
- d. Actual/Expected End Date: \_\_\_\_\_
- e. If social assistance is being terminated, reason(s) why:  
\_\_\_\_\_  
\_\_\_\_\_

3. Other Sources of Income (including LTD, other disability payments, other employment, pension, workers' compensation, etc.):

- a. Amount: \_\_\_\_\_
- b. Actual/Expected End Date: \_\_\_\_\_

4. Provincial Drug Benefit Programs:

- a. Have you applied for, or been granted, any provincial drug benefit program? If so, which program?  
\_\_\_\_\_
- b. What are the conditions of your receiving this benefit?  
\_\_\_\_\_  
\_\_\_\_\_
- c. Why does this benefit not cover your needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Other Extended Health and Dental Benefits:

a. Do you have access to other extended health and dental benefits through a family member (i.e. a spouse)?

b. If so, please explain how those benefits do not cover your needs:

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

6. Other Sources of Income:

a. Gross yearly income of your spouse? \_\_\_\_\_

**PERSONAL CIRCUMSTANCES REQUIRING HARDSHIP PAYMENT**

Medical expenses for self or dependent (including nature of expense, amount, whether can be reimbursed from another source):

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

Other reason for immediate or urgent need for funds (for example, risk of loss of housing in the next 30 days):

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

I certify the contents hereof to be true and that I have obtained all necessary consents for the disclosures set forth herein.

Witness \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**The Monitor's address, fax number and email address are:**

FTI Consulting Canada Inc. in its capacity as Court Appointed Monitor of Sears Canada Inc. et al

TD South Tower  
79 Wellington Street West  
Suite 2010, P.O. Box 104  
Toronto, Ontario M5K 1G8  
**Attention: Sears Employee Hardship Fund**  
Fax: (416) 649-8101  
[Email: searscanada@fticonsulting.com](mailto:searscanada@fticonsulting.com)