IN THE MATTER OF HOLLINGER CANADIAN PUBLISHING HOLDINGS CO.

CCAA PROCEEDINGS

PERSONAL INFORMATION STATEMENT

Personal Information Statement for:

Please review the information below and mark any information that is incorrect. Please return this document to the Monitor with either your confirmation or changes by email, fax or mail to the address below, by no later than June 18, 2010 at 5:00 p.m. (EST). If you have any questions, please contact the Monitor at 1-888-274-4344 or email at hcph.monitor@ca.ey.com.

Ernst & Young Inc.
Court-appointed Monitor of Hollinger Canadian Publishing Holdings Co.
222 Bay Street
P.O. Box 251
Toronto, ON M5K 1J7
Fax: 416 943 3300
Attention: Franca Mazzulla

(A) Plans:

HCPH's records indicate that you are a recipient of or entitled to benefits under the following HCPH Plans.

Please provide supporting documentation (such as copy of bank statement or correspondence attached to benefit payments received from a plan provider) for any corrections or additions, if applicable:

	Plan Name and Number	Plan Description	Corrections, if any
RPP			
OPEB - Other			
OPEB - Other			
OPEB - Other			
OPEB - Other			
OPEB - Other			
OPEB - Other			
OPEB - Other			

(B) Personal Data:

	Per HCPH's records	Mark an «X» if you agree	Provide Correction to Personal Data with supporting documentation if HCPH's records are incorrect
Name			
Address			
Phone Number			
Email			
Date of Birth			
Social Insurance Number			
Gender			
Designated Beneficiary per HCPH's records (Pension)			
Designated Beneficiary per HCPH's records (Life Insurance)			

(C) Spousal Information (to be completed if you have a spouse who is entitled to receive benefits under one or more of the above-noted Plans as a surviving spouse):

	Per HCPH's records	Mark an «X» if you agree	Provide Correction to Spousal information with supporting documentation if HCPH's records are incorrect
Name of Spouse, if any			
Spouse's Date of Birth			
Surviving Spouse Benefit (Y/N)			
Spouse's Address			
Spouse's Email			
Spouse's Social Insurance Number			

(D) Work History:

	Per HCPH's records	Mark an «X» if you agree	Provide Correction to Work History with supporting documentation information if HCPH's records are incorrect
Employment Status (retired, active, LTD)			
Date of retirement			
Name of Employer at the time of retirement			

(E) Section to be completed only if you are a Power Of Attorney ("POA"):

If, as a holder of a valid power of attorney, you have completed and signed this questionnaire on behalf of the retiree, please print below your full name, address, telephone number, and e-mail address. In addition to this questionnaire, please send us a copy of the power of attorney.

Name	
Address	
Phone Number	
E-mail Address	

(F) Confirmation of Personal Information:

I have read this Personal Information Statement and I confirm that (*check all that apply*):

☐ the information shown above under sections (A), (B), (C) and (D) are accurate;

OR

☐ I have indicated any required corrections above, in sections (A), (B), (C) and (D);

☐ if I have provided or confirmed personal information of any spouse or beneficiary on this Personal Information Statement, I have the consent of the spouse or beneficiary to provide the personal information.

_____ _____

Signature Date

_____

Status (e.g. retiree, surviving spouse, POA, other)

_____	_____	( ) _____
Signature of witness (other than the spouse or children)	Name of witness (print)	Telephone number of witness

ONE COPY OF THIS FORM MUST BE RETURNED TO THE MONITOR, BY NO LATER THAN 5:00 P.M. (EASTERN STANDARD TIME) ON JUNE 18, 2010