

# RICHTER

## PROOF OF CLAIM

See the attached instruction letter for instructions on how to complete this document.

IN THE MATTER OF THE COMPANIES' CREDITOR ARRANGEMENT ACT OF  
SYNAPTIVE MEDICAL INC.

and the claim of \_\_\_\_\_ referred to in this form as the "**Creditor**".)

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

\_\_\_\_\_  
(name of creditor)

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(town, province, country, postal code)

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

I, \_\_\_\_\_ residing in the city of \_\_\_\_\_

in the Province or State of \_\_\_\_\_ do hereby certify that:

1.	Vacation due for the period of September 20, 2024 to March 19, 2025	\$ _____
2.	Vacation due prior to September 20, 2024	\$ _____
3.	Wages due for the period of September 20, 2024 to March 19, 2025	\$ _____
4.	Wages due prior to September 20, 2024	\$ _____
5.	Termination notice	\$ _____
6.	Severance	\$ _____

### MONTREAL

1981 McGill College  
Montréal QC H3A 0G6  
514.934.3400

### TORONTO

181 Bay St., #3510  
Bay Wellington Tower  
Toronto ON M5J 2T3  
416.488.2345

### CHICAGO

200 South Wacker Dr., #3100  
Chicago, IL 60606  
312.828.0800

RICHTER.CA

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,  
2025

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of individual completing this form

### INSTRUCTIONS FOR COMPLETING THE PROOF OF CLAIM

The duly completed proof of claim together with supporting documentation must be returned to the Monitor by regular mail, fax, courier or email to the address set out below:

**Facsimile:** 514.934.8603, or

**E-mail:** [claims@richter.ca](mailto:claims@richter.ca), or

**Mail** at the following address:

Richter Inc., Monitor  
c/o Carol O'Donnell  
1981 McGill College, 12<sup>th</sup> Floor  
Montréal QC H3A 0G6