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**IN RESPECT OF EMPLOYEE CLAIMS AGAINST  
AVEOS FLEET PERFORMANCE INC. AND AERO TECHNICAL US, INC.**

(collectively "Aveos")

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**IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT**

(R.S.C. 1985, c. C-36, as amended)

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We are writing to you in our capacity as the court-appointed Monitor in the above-mentioned matter.

You will find enclosed an employee proof of claim form ("**Employee Proof of Claim**") with instructions to assist you in completing this form, if required. An amount has already been inserted in respect of your Employee Claim, based on the books and records of Aveos, representing i) the amount of your eligible wages for the purposes of the *Wage Earner Protection Program* ("**WEPPA**") and ii) any other amounts owed by Aveos for employment related matters which form part of your Employee Claim.

If you agree with the amount of your Employee Claim as determined by Aveos, **no action is required on your part** and your Employee Claim will be processed on this basis and deemed to have been received and accepted by the Monitor.

If you disagree with the amount of your Employee Claim as determined by Aveos and wish to file an Employee Claim for a different amount, you may complete and deliver an Employee Proof of Claim setting out the amount and details of your Employee Claim. If you do not deliver a completed and signed Employee Proof of Claim by 5:00 p.m. (Montréal time) on August 12, 2013 (the "**Employee Claims Bar Date**"),

- a) your Employee Claim will be processed in the amount as determined by Aveos; and
- b) you will not be entitled to amend your Employee Claim or make an Employee Claim against Aveos except in the amount determined by Aveos as indicated in the enclosed Employee Proof of Claim.

This letter provides instructions for completing an Employee Proof of Claim form should you need to do so.

**Claims Procedure**

By order of the Honourable Mark Schrager, j.s.c.. rendered on June 26, 2013 ("**Employee Claims Process Order**"), a copy of which is posted on the Monitor's website and also available upon request by contacting the Monitor as set out below, Aveos has been authorized to conduct a claims process for the identification, resolution and barring of Employee Claims against Aveos (the "**Employee Claims Process**").

The Employee Claims Process is limited to persons with an Employee Claim against Aveos, other than an Excluded Employee Claim. Please refer to the Employee Claims Process Order for the complete definition of these terms.

If you have any questions regarding the Employee Claims Process, please contact FTI Consulting Canada Inc., the Court-appointed Monitor, at the address provided below.

All notices and enquiries with respect to the Employee Claims Process should be addressed to:

**FTI Consulting Canada Inc.**  
Court-appointed Monitor of Aveos Fleet  
Performance Inc./Aveos Performance  
Aéronautique et al.

TD Waterhouse Tower  
79 Wellington Street West  
Suite 2010, P.O. Box 104  
Toronto, Ontario M5K 1G8  
Canada

You may also contact the Monitor by telephone at 416.649.8125 or 1.855.244.0020 or by fax at 416.649.8101.

Any Employee who is a member of the International Association of Machinists and Aerospace Workers (IAMAW) is also invited to review the website of District 140 of the IAMAW at [www.iam140.ca](http://www.iam140.ca) "Aveos Updates" for further information and assistance in relation to the Employee Claim Process.

#### **Employees Submitting an Employee Proof of Claim**

If you intend to file an Employee Proof of Claim because you believe that you have an Employee Claim against Aveos in an amount different than the one already indicated in the enclosed Employee Proof of Claim, your completed Employee Proof of Claim form must be received at the latest by 5:00 p.m. Montreal time on August 12, 2013. No Employee Proofs of Claim will be accepted after the Employee Claims Bar Date unless otherwise ordered by the Court.

Employee Proof of Claim forms and a copy of the Employee Claims Process Order are also available from the Monitor's website at <http://cfcanada.fticonsulting.com/aveos/> or by contacting the Monitor by telephone at 416.649.8125 or 1.855.244.0020 , by fax at 416.649.8101 or by email at [aveos@fticonsulting.com](mailto:aveos@fticonsulting.com) and providing particulars as to your name, address, fax number and email address.

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## **INSTRUCTIONS FOR COMPLETING THE EMPLOYEE PROOF OF CLAIM**

An Employee Proof of Claim is only required if you need to claim an amount that is different from the amount as determined by Aveos. Please check each of the following requirements in order to prepare the form in a complete and accurate manner.

### **Completing the Employee Proof of Claim**

1. Please ensure that **your name**, place of residence and province are set out on the form.
2. Provide the **complete address, including postal code**, where all notices or correspondence are to be forwarded.
3. The Employee Proof of Claim must be **signed by the person completing the Employee Proof of Claim**. The **signature of a witness** is also required (the witness can be any person over 18 years of age including a spouse or adult child).

### **Filing of the Employee Proof of Claim Form**

The Employee Proof of Claim form must be sent to the Monitor by mail, by messenger or facsimile, or delivered in person so that it is received by the Monitor at the address as set out above on or before the Employee Claims Bar Date. No acknowledgement of receipt will be issued – you are responsible for ensuring that the forms have been transmitted and received in a timely manner.

Please do not hesitate to contact us if you have any questions regarding the Employee Claims Procedure.

Yours truly,

### **FTI CONSULTING CANADA INC.**

Court-appointed Monitor *In its capacity as Court Appointed Monitor in the Matter of the proposed plan of arrangement of Aveos Fleet Performance Inc. et al.*

Per: Toni Vanderlaan

**Wage Earner Protection Program Act  
Non-Union Employee Summary  
Appendix A**

**Your Information:**

Employee Name (Last, First):	•	
Employee Number:	•	
Date of Hire:	•	
Termination Date:	•	
Hourly Rate of Pay:	\$•.00	
Banked Overtime Hours:	•	
Accrued Vacation Hours:	•	

**Your WEPPA Calculation:**

Description	Amount (\$)	
Total Overtime Dollars:	•.00	<b>A</b>
Total Vacation Dollars:	•.00	<b>B</b>
Total Severance and Termination Pay:	•.00	<b>C</b>
Wages, Other <sup>1</sup>	•.00	<b>D</b>
Non Wages Other <sup>2</sup> :	•.00	<b>E</b>
Total Claim:	•.00	<b>F = A+B+C+D+E</b>
Total WEPPA Eligible Claim <sup>3</sup> :	•00	<b>G = F-E</b>
Maximum WEPPA Claim <sup>4</sup> :	•.00	<b>H</b>
WEPPA Levy (6.82%) <sup>4</sup> :	(•)	<b>I</b>
<b>Net WEPPA Amount<sup>5</sup></b>	•	<b>J = H - I</b>

*\*See next page for notes*

**Notes:**

- 1- “Wages, Other” includes, for example, unremitted deductions made by Aveos from wages and overpayment of wages by Aveos to employees.
- 2- “Non Wages Other” includes, for example, disability payments owed directly to employees by Aveos.
- 3- The WEPPA Eligible Claims are wage claims as defined in section 2 of the “Wage Earner Protection Program Act” S.C. 2005, c. 47, s. 1.
- 4- The maximum WEPPA Eligible Claim amount is the lesser of your calculated WEPPA Eligible Claim amount and \$3,646, less a 6.82% administrative levy deducted by Human Resources and Skills Development Canada.
- 5- This is the maximum amount you may be entitled to receive under WEPPA

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( collectively, "Aveos" )

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**IN THE MATTER OF THE *COMPANIES' CREDITORS ARRANGEMENT ACT*  
(R.S.C. 1985, c. C-36, as amended)**

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**Employee Claimant**

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

Province/State \_\_\_\_\_

Postal Code/ZIP \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Contact (if applicable)**

Name \_\_\_\_\_

Attention \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

Province/State \_\_\_\_\_

Postal Code/ZIP \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Claim**

Your total Employee Claim has been established at the amount set out on the attached schedule, as calculated according to the books and records of Aveos. This includes a WEPPA claim amount as noted on the schedule. If this is correct, no further action is required on your part and you do not need to complete this form. If you disagree with these amounts, please insert the amount of your Employee Claim and attach a full explanation of the basis of your claim:

Claim Amount : \_\_\_\_\_

Currency \_\_\_\_\_

Employee Claim against :

Aveos Fleet Performance Inc.  Aero Technical US, Inc.

**Please add any comments that may assist us in reviewing your claim.**

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**Future correspondence :**

All future correspondence will be directed to the email address designated in the contact details unless you specifically request that hard copies be provided.

Hard copy of correspondence required

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Witness :**

**Name**

Signature \_\_\_\_\_

Date \_\_\_\_\_