

**IN THE MATTER OF NORTHSTAR FINANCIAL SERVICES (BERMUDA) LTD – IN LIQUIDATION  
AND IN THE MATTER OF THE COMPANIES ACT 1981  
AND IN THE MATTER OF THE INSURANCE ACT 1978  
AND IN THE MATTER OF THE INVESTMENT BUSINESS ACT 2003  
AND IN THE MATTER OF THE SEGREGATED ACCOUNTS COMPANIES ACT 2000**

**Notification of General Account Creditor Claims**

Before completing this form it is recommended that all creditors read ‘General Account Claims Circular 2024 February 15’ which is posted to the Company Website.

<b>1</b>	<b>Name of Creditor</b>	
<b>2</b>	<b>Policy Number (if applicable)</b>	
<b>3</b>	<b>Date of Birth</b>	
<b>4</b>	<b>Address of Creditor</b>	
<b>5</b>	<b>Total Amount of Claim (\$/£/€)</b>	
<b>6</b>	<b>Legal and factual basis for each claim</b> [use additional document where necessary]	
<b>7</b>	<b>Details of any evidence provided for consideration to the JPLs</b> [use additional document where necessary]	
<b>8</b>	<b>Reference to additional supporting documents if provided</b>	
<b>9</b>	<b>Signature of Creditor or Person Authorised to Act on their Behalf</b> -----	
<b>10</b>	<b>Name in BLOCK CAPITALS</b> -----	
<b>11</b>	<b>Position or Relationship to the Creditor</b> -----	

**Notes to the form:**

<b>Section</b>	<b>Notes</b>
<b>1</b>	Name of creditor – either natural person, or Company name. If the creditor is a Company, please provide the name and contact details of the primary contact person.
<b>2</b>	Policyholder number – if the creditor is a policyholder, please include the policyholder identification number(s).
<b>3</b>	Date of birth – for natural persons, please provide the date of birth of creditors who are natural persons.
<b>4</b>	Address of creditor – either natural person, or Company name – if the address on record is different to the current address, please include both.
<b>5</b>	Total value of the claim – this should include any interest or accruals (to the extent known).  It is to be noted that this notification is not a call to submit claims for distribution purposes. Accordingly, creditors will not be bound by the value of claims stated in this form for the purposes of any distributions.
<b>6</b>	Legal and factual basis for each claim - please set out the legal and factual basis for each claim against the Company's general account. It is requested that creditors provide as much information as possible for the basis of their claims.
<b>7</b>	Reference to any supporting documents which have been used in the valuation of the claim or may substantiate the claim/creditor.  This may by way of example be reference to a Policy issued by the Company, or an outstanding invoice which remained unpaid
<b>8</b>	Reference to any additional information / documents which may be provided to substantiate claim.
<b>9</b>	Signature of Creditor or Person Authorised to Act on his Behalf – this signature does not require notary or certification.
<b>10</b>	Name in BLOCK CAPITALS
<b>11</b>	Should the signature on section 7 not be that of the creditor, for example a Director on behalf of a Company, explanation of the authority under which the form is signed should be noted. The JPLs may require further documentary evidence of authority in this regard.