



FIXED DISTRIBUTION OPTION ELECTION

Regarding the Plan of Compromise, Arrangement and Reorganization (the “**Plan**”) filed by Miniso (Canada) Store One Inc., Miniso (Canada) Store Three Inc., Miniso (Canada) Store Four Inc., Miniso (Canada) Store Five Inc., Miniso (Canada) Store Eight Inc., Miniso (Canada) Store Nine Inc., Miniso (Canada) Store Ten Inc., Miniso (Canada) Store Eleven Inc., Miniso (Canada) Store Twelve Inc., Miniso (Canada) Store Thirteen Inc., Miniso (Canada) Store Fourteen Inc. and Miniso (Canada) Store Twenty-One Inc. (collectively, the “**Migu Plan Companies**”) in Supreme Court of British Columbia, Vancouver Registry, Proceeding No. S197744 (the “**CCAA Proceedings**”).

The undersigned creditor has an Allowed Claim under the Plan greater than \$1,500 and hereby elects to reduce its Allowed Claim to \$1,500 and receive a fixed distribution in the amount of \$1,500.

NOTE: All Convenience Creditors are irrevocably deemed to vote in favour of the Plan.

This form properly completed and duly signed, must be received by Alvarez & Marsal Canada Inc., the Monitor appointed in the CCAA Proceedings, at the address, facsimile or email as set out below:

Alvarez & Marsal Canada Inc.
 1680-400 Burrard Street
 Vancouver, B.C., V6C 3A6
 Attention: Nishant Virmani
 Fax : (604) 638-7441
 Email : nvirmani@alvarezandmarsal.com

at or before 5 :00 pm (Vancouver Time) on October 30, 2019.

In the event that an Affected Creditor with an Allowed Claim greater than \$1,500 fails to deliver a properly completed and duly executed Distribution Option Election (or such other form of election as the Monitor in its sole discretion may deem acceptable) to the Monitor as aforesaid before 5 :00 pm (Vancouver Time) on October 30, 2019., that Affected Creditor shall be deemed to have elected to receive a *pro rata* distribution.

Capitalized terms not defined herein have the meanings ascribed to them in the Plan.

Dated at _____ this _____ day of _____, 2019

Name: _____
 (Print name of Creditor as it appears on the Proof of Claim Form)

Creditor Signature (if the Creditor is a corporation, this section must be completed by a duly authorized officer or attorney of the corporation)

By: _____
Name:
Title:

Witness Signature (only applicable if the Creditor is an individual)

By: _____
Name of Witness

Phone number of Creditor _____
Email address of Creditor _____

