PROOF OF CLAIM FORM FOR CLAIMS AGAINST DIRECTORS OR OFFICERS OF H.B. WHITE CANADA CORP. ("HBW") (THE "DIRECTOR/OFFICER PROOF OF CLAIM")

This form is to be used only by Claimants asserting a claim against any Directors and/or, Officers of HBW and NOT for claims against HBW itself. For claims against HBW, please use the form titled "Proof Of Claim Form For Claims Against H.B. White Canada Corp.", which is available on the Monitor's website at www.alvarezandmarsal.com/hbwhite.

2(A) Original Cla	imant (the "Claimant")		
Legal Name of Claimant		Name of Contact	
Address		Title	
		Phone #	
City	Prov/State	Fax #	
		email	
Postal/Zip Code		_	
2(B) Assignee, it	f claim has been assigı	ned	
Legal Name of Assignee		Name of Contact	
Address		Title	
		Phone #	
City	Prov/State	Fax #	
		email	
Postal/Zip			

3. Amount of Claim

The Director(s)/Officer(s) was/were and still is/are indebted to the Claimant as follows:

Name(s) of Director(s), and/or Officers	Currency	Amount of Claim	Amount of Claim (including interest up to and including July 7, 2016)
		_	
		_	
		_	
4. Documentation	n		
assignment/transfer ag	reement or similar	supporting documentatio document, if applicable, ement(s) or legal breach	and including amount
5. Certification			
I hereby certify that:			
 I have knowledged. The Claimant as 	ge of all the circums	oresentative of the Claim stances connected with t ainst the Debtor(s) as se t of this claim is attached	his claim. t out above.
Signature:		Witness	
Name:		(signature)	
Title:		(print)	

Dated	at		this	 day	of
		, 2016		 •	

6. Filing of Claim

This Director/Officer Proof of Claim must be received by the Monitor on or before 5:00 p.m. (Toronto time) on August 22, 2016 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:

Alvarez & Marsal Canada Inc., H.B. White Canada Corp. Monitor Royal Bank Plaza, South Tower 200 Bay Street, Suite 2900, P.O. Box 22 Toronto, ON Canada M5J 2J1

Toronto, ON Canada M5J 2J1
Attention: Joshua Nevsky

Email: monitor.hbwhite@alvarezandmarsal.com

Fax No.: 416.847.5201