

**PROOF OF CLAIM FORM FOR CLAIMS AGAINST
H.B. WHITE CANADA CORP.**

1(a) Original Claimant (the "Claimant")

Legal Name of Claimant	_____	Name of Contact	_____
Address	_____	Title	_____
	_____	Phone #	_____
City	Prov/State	Fax #	_____
	_____	email	_____
Postal/Zip Code	_____		

1(b) Assignee, if claim has been made

Legal Name of Assignee	_____	Name of Contact	_____
Address	_____	Title	_____
	_____	Phone #	_____
City	Prov/State	Fax #	_____
	_____	email	_____
Postal/Zip Code	_____		

2. Amount of Claim

HBW was and still is indebted to the Claimant as follows:

Currency	Amount of Claim	Amount of Claim (including interest up to and including July 7, 2016)	Unsecured Claim	Secured Claim	Construction Lien Claim	Trust Claim/ Other
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Documentation

Provide all particulars of the Claim and supporting documentation, including amount, and description of transaction(s) or agreement(s), or legal breach(es) giving rise to the Claim, including any claims assignment/transfer agreement or similar document, if applicable, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by HBW to the Claimant and estimated value of such security.

4. Certification

I hereby certify that:

1. I am the Claimant or authorized representative of the Claimant.
2. I have knowledge of all the circumstances connected with this Claim.
3. The Claimant asserts this Claim against HBW.
4. Complete documentation in support of this claim is attached.

Signature: _____	Witness: _____ (signature)
Name: _____	_____ (print)
Title: _____	
Dated at _____ this _____ day of _____, 2016	

5. Filing of Claim

This 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
Attention: Joshua Nevsky
Email: monitor.hbwhite@alvarezandmarsal.com
Fax No.: 416.847.5201**

For Restructuring Period Claims, this Proof of Claim must be returned to and received by the Monitor on or before 5:00 p.m. (Toronto time) on the date that is the later of (i) 30 days after the date on which the Monitor sends a Claims Package in respect of a Restructuring Period Claim and (ii) the Claims Bar Date.

**For more information see www.alvarezandmarsal.com/hbwhite or contact the
Monitor
by telephone (1-844-692-6255)**