
**NOTICE TO UNITHOLDER CLAIMANTS
AGAINST ARCTIC GLACIER INCOME FUND**

RE: NOTICE OF UNITHOLDER CLAIMS PROCEDURE REGARDING ARCTIC GLACIER INCOME FUND (“AGIF”) PURSUANT TO THE COMPANIES’ CREDITORS ARRANGEMENT ACT (the “CCAA”)

PLEASE TAKE NOTICE that on June 2, 2015, the Court of Queen’s Bench (Winnipeg Centre) issued an order (the “Unitholder Claims Procedure Order”) in the CCAA proceedings of AGIF requiring that all Persons who assert an Initial Distribution Claim (capitalized terms used in this notice and not otherwise defined have the meaning given to them in the Unitholder Claims Procedure Order) against AGIF and all Persons who assert an O&T Claim against Officers or Trustees of AGIF, **must file an Initial Distribution Proof of Claim (with respect to Initial Distribution Claims against AGIF) or an O&T Proof of Claim (with respect to O&T Claims) with Alvarez and Marsal Canada Inc. (the “Monitor”) on or before 5:00 p.m. (Winnipeg time) on July 28, 2015, by sending the Initial Distribution Proof of Claim or O&T Proof of Claim to the Monitor by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:**

Alvarez & Marsal Canada Inc., Arctic Glacier Monitor
Address: Royal Bank Plaza, South Tower
200 Bay Street, Suite 2900, P.O. Box 22
Toronto, ON Canada M5J 2J1
Fax No.: 416-847-5201
Email: mmackenzie@alvarezandmarsal.com
Attention: Melanie MacKenzie

Unitholder Claimants may obtain the Unitholder Claims Procedure Order and a Proof of Claim Document Package from the Monitor’s website at <http://www.alvarezandmarsal.com/arctic-glacier-income-fund-arctic-glacier-inc-and-subsidiaries>, or by contacting the Monitor by telephone (1-866-688-0510).

Only Initial Distribution Proofs of Claim and O&T Proofs of Claim actually received by the Monitor on or before **5:00 p.m. (Winnipeg time) on July 28, 2015** will be considered filed by the Unitholder Claims Bar Date. **It is your responsibility to ensure that the Monitor receives your Initial Distribution Proof of Claim or O&T Proof of Claim by the Unitholder Claims Bar Date.**

INITIAL DISTRIBUTION CLAIMS AND O&T CLAIMS WHICH ARE NOT RECEIVED BY THE APPLICABLE UNITHOLDER CLAIMS BAR DATE WILL BE BARRED AND EXTINGUISHED FOREVER.

DATED this 3rd day of June, 2015.

INITIAL DISTRIBUTION PROOF OF CLAIM FORM FOR INITIAL DISTRIBUTION CLAIMS AGAINST ARCTIC GLACIER INCOME FUND

This form is to be used only by Unitholder Claimants asserting an Initial Distribution Claim against Arctic Glacier Income Fund ("AGIF"). For O&T Claims, please use the form titled "O&T Proof of Claim Form For O&T Claims Against Officers or Trustees of the Arctic Glacier Income Fund". For O&T Indemnity Claims, please use the form titled "O&T Indemnity Proof of Claim Form for O&T Indemnity Claims by Officers or Trustees of the Arctic Glacier Income Fund". Both forms are available on the Monitor's website at <http://www.alvarezandmarsal.com/arctic-glacier-income-fund-arctic-glacier-inc-and-subsiaries>.

1. Arctic Glacier Income Fund ("AGIF")

2a. Original Unitholder Claimant

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

2b. Assignee, if Initial Distribution Claim has been assigned

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

3 Amount of Initial Distribution Claim

AGIF is indebted to the Unitholder Claimant in the amount of: _____

4. Documentation

Provide all particulars of the Initial Distribution Claim and supporting documentation, including amount and description of transaction(s) giving rise to the Initial Distribution Claim.

5. Certification

I hereby certify that:

- 1. I am the Unitholder Claimant or authorized representative of the Unitholder Claimant.
- 2. I have knowledge of all the circumstances connected with this Initial Distribution Claim.
- 3. The Unitholder Claimant asserts this Initial Distribution Claim against AGIF as set out above.
- 4. Complete documentation in support of this Initial Distribution Claim is attached.

Signature: _____ Name: _____ Title: _____	Witness: _____ (signature) _____ (print)
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Dated at _____ this _____ day of _____, 2015

6. Filing of Claim

This Initial Distribution Proof of Claim must be received by the Monitor by **5:00 p.m. (Winnipeg time) on July 28, 2015 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:**

Address: Alvarez & Marsal Canada Inc., Arctic Glacier Monitor
Royal Bank Plaza, South Tower
200 Bay Street, Suite 2900, P.O. Box 22
Toronto, ON Canada M5J 2J1

Attention: Melanie MacKenzie
Email: mmackenzie@alvarezandmarsal.com
Fax No.: 416-847-5201

For more information see <http://www.alvarezandmarsal.com/arctic-glacier-income-fund-arctic-glacier-inc-and-subsidiaries>, or contact the Monitor by telephone (1-866-688-0510)

CAPITALIZED TERMS THAT ARE USED BUT NOT DEFINED HEREIN HAVE THE MEANING GIVEN TO THEM IN THE COURT OF QUEEN’S BENCH (WINNIPEG CENTRE) ORDER ISSUED IN AGIF’S CCAA PROCEEDINGS ON JUNE 2, 2015 (THE “UNITHOLDER CLAIMS PROCEDURE ORDER”), WHICH IS ACCESSIBLE ON THE MONITOR’S WEBSITE

Failure to file your Initial Distribution Proof of Claim in accordance with the Unitholder Claims Procedure Order will result in your Initial Distribution Claim being barred and forever extinguished and you will be prohibited from making or enforcing such Initial Distribution Claim against AGIF.

**O&T PROOF OF CLAIM FORM FOR O&T CLAIMS AGAINST
OFFICERS OR TRUSTEES OF THE ARCTIC GLACIER INCOME FUND
(the “O&T Proof of Claim”)**

This form is to be used only by Unitholder Claimants asserting an O&T Claim against any Officers and/or Trustees of Arctic Glacier Income Fund (“AGIF”) and NOT for Initial Distribution Claims against AGIF itself. For Initial Distribution Claims against AGIF, please use the form titled “Initial Distribution Proof of Claim Form For Initial Distribution Claims Against Arctic Glacier Income Fund”. For O&T Indemnity Claims, please use the form titled “O&T Indemnity Proof of Claim Form for O&T Indemnity Claims by Officers or Trustees of the Arctic Glacier Income Fund”. Both forms are available on the Monitor’s website at <http://www.alvarezandmarsal.com/arctic-glacier-income-fund-arctic-glacier-inc-and-subsiaries>.

1. Name of AGIF Officer(s) and/or Trustee(s) (the “O&T(s)”):

2a. Original Unitholder Claimant

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

2b. Assignee, if O&T Claim has been assigned

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

3 Amount of O&T Claim

The O&T(s) are indebted to the Unitholder Claimant in the amount of:

Name(s) of Officers and/or Trustee(s)	Amount of O&T Claim
_____	_____
_____	_____
_____	_____
_____	_____

4. Documentation

Provide all particulars of the O&T Claim and supporting documentation, including amount and description of transaction(s) giving rise to the O&T Claim.

5. Certification

I hereby certify that:

- 1. I am the Unitholder Claimant or authorized representative of the Unitholder Claimant.
- 2. I have knowledge of all the circumstances connected with this O&T Claim.
- 3. The Unitholder Claimant asserts this O&T Claim against the O&T(s) as set out above.
- 4. Complete documentation in support of this O&T Claim is attached.

Signature: _____ Name: _____ Title: _____	Witness: _____ (signature) _____ (print)
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Dated at _____ this _____ day of _____, 2015

6. Filing of Claim

This O&T Proof of Claim must be received by the Monitor by 5:00 p.m. (Winnipeg time) on July 28, 2015 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:

Address: Alvarez & Marsal Canada Inc., Arctic Glacier Monitor
Royal Bank Plaza, South Tower
200 Bay Street, Suite 2900, P.O. Box 22
Toronto, ON Canada M5J 2J1

Attention: Melanie MacKenzie

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Failure to file your O&T Proof of Claim in accordance with the Unitholder Claims Procedure Order will result in your O&T Claim being barred and forever extinguished and you will be prohibited from making or enforcing such O&T Claim against any Officers or Trustees.

**O&T INDEMNITY PROOF OF CLAIM FORM FOR O&T INDEMNITY CLAIMS BY
OFFICERS OR TRUSTEES OF THE ARCTIC GLACIER INCOME FUND
(the “O&T Indemnity Proof of Claim”)**

This form is to be used only by Officers and Trustees of Arctic Glacier Income Fund (“AGIF”) who are asserting an indemnity claim against AGIF in relation to an O&T Claim against them and NOT for O&T Claims against AGIF Officers and Trustees. For Initial Distribution Claims against AGIF, please use the form titled “Initial Distribution Proof of Claim Form For Initial Distribution Claims Against Arctic Glacier Income Fund”. For O&T Claims against AGIF Officers and Trustees, please use the form titled “O&T Proof of Claim Form For O&T Claims Against Officers or Trustees Of The Arctic Glacier Income Fund”. Both forms are available on the Monitor’s website at <http://www.alvarezandmarsal.com/arctic-glacier-income-fund-arctic-glacier-inc-and-subsidiaries>.

1. Officer/Trustee Particulars (the “Indemnitee”)

Legal Name of Indemnitee _____

Address _____

Phone # _____

Fax # _____

City _____ Prov /State _____

email _____

Postal/Zip Code _____

2. Indemnification Claim

Position(s) Held _____

Dates Position(s) Held: From _____ to _____

Reference Number of O&T Proof of Claim with respect to which this O&T Indemnity Claim is made _____

Particulars of and basis for O&T Indemnity Claim _____

3. Documentation

Provide all particulars of the O&T Indemnity Claim and supporting documentation giving rise to the O&T Claim.

4. Filing of Claim

This O&T Indemnity Proof of Claim and supporting documentation must be received by the Monitor within fifteen (15) Business Days of the date of deemed receipt by the Officer or Trustee of the O&T Proof of Claim form **by ordinary prepaid mail, registered mail, courier, personal delivery or electronic transmission at the following address:**

Address: Alvarez & Marsal Canada Inc., Arctic Glacier Monitor
Royal Bank Plaza, South Tower
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Toronto, ON Canada M5J 2J1

Attention: Melanie MacKenzie

Email: mmackenzie@alvarezandmarsal.com

Fax No.: 416-847-5201

DATED at _____, this _____ day of _____, 2015

Per: _____
Name

Signature:

For more information see <http://www.alvarezandmarsal.com/arctic-glacier-income-fund-arctic-glacier-inc-and-subsiaries>, or contact the Monitor by telephone (1-866-688-0510)

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Failure to file your O&T Indemnity Proof of Claim in accordance with the Unitholder Claims Procedure Order will result in your O&T Indemnity Claim being barred and forever extinguished and you will be prohibited from making or enforcing such O&T Indemnity Claim against AGIF.