

DIRECTOR/OFFICER CLAIM FORM

This Director/Officer Claim Form must be read together with the Claims Process order (the “**Claims Process Order**”) of the Supreme Court of British Columbia granted on March 29, 2023 and the Claims Process Instruction Letter. Copies of the Claims Process Order and the Claims Process Instruction Letter are enclosed in the Claims Package you have received and are also available at <http://cfcanada.fticonsulting.com/trevali>. All capitalized terms not otherwise defined herein have the same meanings as are given to them in Schedule B” of the Claims Process Order.

This form is to be used only by Creditors asserting a Director/Officer Claim against any Director(s) or Officer(s) of Trevali Mining Corporation (“**Trevali Corp.**”) or Trevali Mining (New Brunswick) Ltd. (“**Trevali NB**”). If you wish to assert a Claim against Trevali Corp. or Trevali NB you have to submit a Proof of Claim Form, or, if you have received a Claims Notice, you have to complete a Proof of Claim Form in the Claims Package sent to you if you wish to dispute your Claim.

1. Name(s) and Position(s) and company of Officer(s) and/or Director(s) the Claim is being made against:

2A. Original Claimant (the “Claimant”)

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

4. Documentation

Provide all particulars of the Director/Officer Claim and all available supporting documentation, including amount and description of transaction(s) or agreement(s), and the legal basis for the Director/Officer Claim against the specific Directors or Officers at issue.

5. Certification

I hereby certify that:

1. I am the Claimant or an authorized representative of the Claimant.
2. I have knowledge of all the circumstances connected with this Claim.
3. The Claimant asserts this Director/Officer Claim as set out above.
4. All available documentation in support of this Director/Officer Claim is attached.

All information submitted in this Director/Officer Claim Form must be true, accurate and complete. Filing a false Director/Officer Claim Form may result in your Director/Officer Claim being disallowed in whole or in part and may result in further penalties.

Signature: _____	Witness ² : _____
Name: _____	(signature)
Title: _____	_____
	(print)
Dated at _____ this _____ day of _____, 2023.	

Your completed Director/Officer Claims Form must be delivered to Trevali Corp.'s Court-Appointed Monitor by the Claims Bar Date at:

FTI Consulting Canada Inc.
In its capacity as Monitor of
Trevali Mining Corp. and
Trevali Mining (New Brunswick) Ltd.

701 West Georgia Street
Suite 1450, PO Box 10089
Vancouver, BC V7Y 1B6
Attn: Huw Parks
Telephone: 1-877-294-8998

² Witnesses are required if an individual is submitting this Director/Officer Claim form by prepaid ordinary mail, registered mail, courier, personal delivery, facsimile transmission, or email.

Fax: 403-232-6116
Email: trevali@fticonsulting.com

The Claims Bar Date is 4:00 p.m. (Vancouver time) on April 21, 2023 or such other date as may be ordered by the Court.

IN ACCORDANCE WITH THE TERMS OF THE CLAIMS PROCESS ORDER, IF YOU FAIL TO COMPLETE AND SUBMIT A DIRECTOR/OFFICER CLAIMS FORM IN ACCORDANCE WITH THE CLAIMS PROCESS ORDER BY THE CLAIMS BAR DATE ANY DIRECTOR/OFFICER CLAIMS THAT YOU MAY HAVE AGAINST ANY OF TREVALI CORP.'S OR TREVALI NB'S DIRECTORS OR OFFICERS WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING ANY FURTHER CLAIMS AGAINST ANY OF TREVALI CORP.'S DIRECTORS AND OFFICERS OR TREVALI NB'S DIRECTORS AND OFFICERS