Schedule "5"

## PROOF OF D&O CLAIM

# IN RESPECT OF CLAIMS AGAINST INDALEX LIMITED, INDALEX HOLDINGS (B.C.) LTD.,

# 6326765 CANADA INC. AND NOVAR INC. (collectively, the "Applicants")

and

# CURRENT AND FORMER DIRECTORS AND OFFICERS OF THE APPLICANTS (collectively, the "Directors and Officers")

## IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT,

R.S.C. 1985, c., C-36, as amended

## A. PARTICULARS OF D&O CREDITOR

1.	<ul> <li>Full Legal Name of D&amp;O Creditor:</li></ul>		(the <i>ïle separ</i>	ate
2.	Full Mailing Address of the Creditor:	_		
		_		
3.	Telephone Number of Creditor:	1		
4. defined.	Facsimile Number of Creditor:	Error!	Bookmark	not
5. defined.	Attention (Contact Person):	Error!	Bookmark	not

<sup>&</sup>lt;sup>1</sup> IN ORDER TO ENSURE ALL CLAIMS ARE PROCESSED IN AN EXPEDITED MANNER YOU MUST PROVIDE ONE (1) OR MORE OF YOUR TELEPHONE NUMBER, FAX NUMBER OR EMAIL ADDRESS.

6.	Email address:	Error!	Book
defined.			

Has the D&O Claim been sold or assigned by Creditor to another party?
 Yes\_\_\_\_ No\_\_\_ (If yes please complete section D)

#### B. PROOF OF D&O CLAIM:

I, \_\_\_\_\_ [Name of Creditor or Representative of the Creditor], do hereby certify:

A) that I am (please check one):

\_\_\_\_ the Creditor; or \_\_\_\_ hold the following position of \_\_\_\_\_\_ of the Creditor

and have personal knowledge of all the circumstances connected with the D&O Claim described herein;

**B)** The Creditor is owed as follows:

Secured D&O Claim\$\_\_\_\_\_\_ Cdn on a secured basis,I have valued my security at\$\_\_\_\_\_\_ (this will be the amount at which youvalue your secured claim, thedifference between the secured claim amount and thevalue of your security will be the amount of your unsecured claim)

Unsecured D&O Claim \$\_\_\_\_\_ Cdn on an unsecured basis

Note: Claims in a foreign currency are to be converted to Canadian dollars at the exchange rate of the Bank of Canada as at the Filing Date, April 3, 2009. For example, the U.S. to Canadian Dollar exchange rate conversion on such date was U.S.\$1 = CDN\$0.8056).

## C. PARTICULARS OF D&O CLAIM:

Name of the Director and the amount for each Director which owes the amount claimed:

Director	Secured	Unsecured
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Description of transaction, agreement or event giving rise or relating to the D&O Claim:

If the D&O Claim is contingent or unliquidated, state the basis and provide evidence upon which the D&O Claim has been valued:

Description of security, if any, granted to the Creditor or assigned by Creditor in respect of the D&O Claim:

Estimated value of security outlined above as at the date of the D&O Claim:

# IF CLAIMANTS REQUIRE ADDITIONAL SPACE THEN PROVIDED HEREIN, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD ALSO PROVIDE COPIES OF ALL RELEVANT AGREEMENTS

A DETAILED, COMPLETE STATEMENT OF ACCOUNT MUST BE ATTACHED TO THE PROOF OF D&O CLAIM WHICH MUST SHOW THE DATE, THE NUMBER AND THE AMOUNT OF EACH INVOICE OR CHARGE, TOGETHER WITH THE DATE, THE NUMBER AND THE AMOUNT OF ALL CREDITS, COUNTERCLAIMS, DISCOUNTS, PAYMENTS, ETC., TO WHICH THE APPLICANTS ARE ENTITLED.

## D. PARTICULARS OF ASSIGNEE(S) (IF ANY):

2.

1. Full Legal Name of Assignee(s) of D&O Claim (if all or a portion of the Claim has been sold). If there is more than one assignee, please attach separate sheets with the following information:

Amount of Total D&O Claim Assigned	\$
Amount of Total D&O Claim Not Assigned	\$
Total Amount of D&O Claim	\$
(should equal "Total D&O Claim" as entered on S	Section B)

3.	Telephone Number of Assignee(s):	
4.	Facsimile Number of Assignee(s):	
5.	Email address of Assignee(s):	
6.	Attention (Contact Person):	

## E. FILING OF D&O CLAIMS:

The duly completed Proof of D&O Claim together with supporting documentation must be returned and received by the Monitor, no later than 5:00 pm (Eastern Daylight Savings Time) on August 28, 2009, to the following address or facsimile:

Failure to file your Proof of D&O Claim by such date will result in your claim being forever extinguished and barred and you will be prohibited from making or enforcing a D&O Claim against the Applicants.

This Proof of D&O Claim must be delivered by email, facsimile transmission, personal delivery, courier or prepaid mail at the following address:

#### Address of Monitor:

Indalex Limited and/or Indalex Holdings (B.C.) Ltd. and/or 6326765 Canada Inc. and/or Novar Inc. c/o FTI Consulting Canada ULC, TD Canada Trust Tower 161 Bay Street, 27<sup>th</sup> Floor Toronto, Ontario M5J 2S1

Attention: Ms. Rachel Gillespie

Telephone: (416)-572-2476 Facsimile: (416)-572-4068 E-mail: rachel.gillespie@fticonsulting.com

DATED at	this	day	of , 2009.

(Signature of Witness)

(Signature of individual completing this form)

(Please print name)

(Please print name)