#### D&O PROOF OF CLAIM FORM FOR EMPLOYEE AND RETIREE CLAIMS AGAINST DIRECTORS AND/OR OFFICERS OF THE SEARS CANADA ENTITIES<sup>1</sup>

This form is to be used only by Claimants asserting a Claim against any Directors and/or Officers of the Sears Canada Entities and NOT for Claims against the Sears Canada Entities themselves. For Claims against the Sears Canada Entities, please use the form titled "Proof of Claim Form for Certain Employee and Retiree Claims against the Sears Canada Entities", which is available on the Monitor's website at http://cfcanada.fticonsulting.com/searscanada/.

## 1 NAME(S) OF OFFICER(S) AND/OR DIRECTOR(S) (THE "DEBTOR(S)") AGAINST WHOM THE CLAIM IS BEING MADE:

Debtor(s):

## 2 (A) PARTICULARS OF CLAIMANT

Full Legal Name of Claimant:

Full Mailing Address of Claimant:

Telephone Number of Claimant:

Facsimile Number of Claimant:

E-mail Address of Claimant:

Attention (Contact Person):

# (B) PARTICULARS OF ORIGINAL CLAIMANT FROM WHOM YOU ACQUIRED CLAIM, IF APPLICABLE

(i) Has the Claimant acquired this Claim by Assignment? Yes 🗌 No 🗌

<sup>&</sup>lt;sup>1</sup>The "Sears Canada Entities" are Sears Canada Inc., 9370-2751 Quebec Inc. (formerly Corbeil Electrique Inc.), 191020 Canada Inc. (formerly S.L.H. Transport Inc.), The Cut Inc., Sears Contact Services Inc., Initium Logistics Services Inc., Initium Commerce Labs Inc., Initium Logistics Services Inc., Initium Commerce Labs Inc., Initium Trading and Sourcing Corp., Sears Floor Covering Centres Inc., 173470 Canada Inc., 2497089 Ontario Inc., 6988741 Canada Inc., 10011711 Canada Inc., 1592580 Ontario Limited, 955041 Alberta Ltd., 4201531 Canada Inc., 168886 Canada Inc., 3339611 Canada Inc., and SearsConnect.

(ii) If yes, attach documents evidencing assignment and provide full particulars of the original Claimant from whom you acquired the Claim from:

| Full Legal Name of original Claimant:      |  |
|--|--|
| Full Mailing Address of original Claimant: |  |
|  |  |
|  |  |
| Telephone Number of original Claimant:     |  |
| Facsimile Number of original Claimant:     |  |
| E-mail Address of original Claimant:       |  |
| Attention (Contact Person):                |  |
|  |  |

# 3 AMOUNT OF CLAIM

The Debtor(s) is/are indebted to the Claimant as follows:

| Name(s) of Director(s)<br>and/or Officers | Currency | Amount of D&O Claim in respect<br>of the <u>Pre-Filing Period</u> (including<br>interest up to and including June 22,<br>$2017)^2$ | Amount of D&O Claim in respect<br>of the <u>Restructuring Period</u> |
|---|----------|--|--|
|   |          |  |  |
|   |          |  |  |
|   |          |  |  |
|   |          |  |  |

# 4 **DOCUMENTATION**

Provide all particulars of the D&O Claim and available supporting documentation, including any Claim assignment/transfer agreement or similar documentation, if applicable, and including

<sup>&</sup>lt;sup>2</sup> Interest accruing from the Filing Date (June 22, 2017) shall not be included in any Claim.

amount and description of transaction(s) or agreement(s), and the legal basis for the D&O Claim against the specific Directors or Officers at issue.

#### 5 **CERTIFICATION**

| I hereby certify that:   |   |     |                      |  |
|--------------------------|---|-----|----------------------|--|
| (a)<br>(b)<br>(c)<br>(d) | I am the Claimant or authorized representative of the Claimant.<br>I have knowledge of all the circumstances connected with this Claim.<br>The Claimant asserts this Claim against the Debtor(s) as set out above.<br>All available documentation in support of this Claim is attached. |     |                      |  |
| Signature:               |   |     | Witness:_(signature) |  |
| Name:                    |   |     | (print)              |  |
| Title:                   |   |     |                      |  |
| Dated at                 | t   | his | _day of, 20          |  |

### 6 FILING OF CLAIMS AND APPLICABLE DEADLINE

This D&O Proof of Claim form must be returned to and received by the Monitor on or before 5:00 p.m. (Toronto time) on April 9, 2018 (the "**Proof of Claim Bar Date**").

Completed forms must be delivered to the Monitor by prepaid ordinary mail, registered mail, courier, personal delivery, facsimile transmission or email at the following address:

FTI Consulting Canada Inc., Sears Canada Monitor
TD Waterhouse Tower
79 Wellington Street West
Suite 2010, P.O. Box 101
Toronto, Ontario M5K 1G8

| Attention:                 | Sears Canada Employee and Retiree Claims Process |
|----------------------------|--|
| Fax No.:                   | 416-649-8101                                     |
| Email for Employee Claims: | SearsEmployeeClaimSite@fticonsulting.com         |
| Email for Retiree Claims:  | SearsRetireeClaimSite@fticonsulting.com          |

Failure to file your D&O Proof of Claim so that it is actually received by the Monitor on or before 5:00 p.m. (Toronto time) on the Proof of Claim Bar Date WILL result in your Claim being barred and you will be prevented from making or enforcing your Claim against the Directors and Officers of the Sears Canada Entities. In addition, you shall not be entitled to further notice of and shall not be entitled to participate as a creditor in the Sears Canada Entities' CCAA proceedings.