

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. Full Legal Name of D&O Creditor: _____ (the "Creditor").
(Full legal or Corporate name should be the name of the original Creditor. Do not file separate Proofs of D&O Claim by division of the same Creditor.)

2. Full Mailing Address of the Creditor:

3. Telephone Number of Creditor: _____ ¹

4. Facsimile Number of Creditor: _____ Error! Bookmark not defined.

5. Attention (Contact Person): _____ Error! Bookmark not defined.

¹ **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! Bookmark not defined.

7. 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 you value your secured claim, the difference between the secured claim amount and the value 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
<input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/>	\$ _____	\$ _____

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

-
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, 27th 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)