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PROOF OF D&O CLAIM

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**IN RESPECT OF CLAIMS AGAINST THE DIRECTORS AND OFFICERS OF
LYNX AIR HOLDINGS CORPORATION AND 1263343 ALBERTA INC. DBA LYNX
(TOGETHER, THE “APPLICANTS”)**

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PARTICULARS OF D&O CLAIM CLAIMANT

Full Legal Name of Claimant: _____ (the “Claimant”).
(Full legal or Corporate name should be the name of the original Claimant.)

Full Mailing Address of the Claimant:

Telephone Number of Claimant: _____ *

Facsimile Number of Claimant: _____ *

Attention (Contact Person): _____ *

Email Address: _____ *

Has the D&O Claim been sold or assigned by Claimant to another party?

Yes___ No___ (If yes please complete section D)

PROOF OF D&O CLAIM:

I, _____ [Name of Claimant or Representative of the Claimant],
do hereby certify:

that I am (please check one):

_____ the Claimant; or

_____ hold the following position of _____ the Claimant

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

PARTICULARS OF D&O CLAIM:

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

Director/Officer	Amount¹
•	\$ _____
•	\$ _____
•	\$ _____
•	\$ _____

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:

¹ Please specify currency if not in Canadian dollars.

IF CLAIMANTS REQUIRE ADDITIONAL SPACE, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD ALSO PROVIDE COPIES OF ALL RELEVANT DOCUMENTATION OR AGREEMENTS.

PROVIDE ALL PARTICULARS OF THE CLAIM AND SUPPORTING DOCUMENTATION, INCLUDING AMOUNT AND DESCRIPTION OF TRANSACTION(S), AGREEMENT(S) OR LEGAL BREACH(ES) GIVING RISE TO THE CLAIM.

PARTICULARS OF ASSIGNEE(S) (IF ANY):

Full Legal Name of Assignee(s) of the 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:

(the "Assignee(s)")

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 Section B)

Full Mailing Address of Assignee(s):

Telephone Number of Assignee(s): _____

Facsimile Number of Assignee(s): _____

Email address of Assignee(s): _____

Attention (Contact Person): _____

FILING OF 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 local Calgary time on August 15, 2024, to the following email address or address:

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 each of the Applicants or the Directors or Officers.

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

Address of the Monitor:

FTI Consulting Canada Inc.
In its capacity as Monitor of Lynx Air Holdings Corporation and
1263343 Alberta Inc. dba Lynx Air
Suite 1610
Calgary, AB T2P 3R7
Attention: Brett Wilson
Email: lynxair@fticonsulting.com

DATED at _____ this _____ day of _____, 2024.

(Signature of Witness)

(Signature of individual completing this form)

(Please print name)

(Please print name)