

Imperial Metals Corporation

Ontario Superior Court of Justice, Court File No. CV-14-5059855-00CP

CLAIM FORM

I. GENERAL INSTRUCTIONS – PLEASE READ CAREFULLY

1. This Claim Form is directed to the following Class or Class Members: all persons and entities, wherever they may reside or be domiciled, who acquired Imperial's Securities during the Class Period and continued to hold some or all of those Securities as of August 5, 2014, other than the Excluded Persons.
2. If you are NOT a member of the Class, as defined below, PLEASE DO NOT submit a Claim Form.
3. To make a claim for compensation from the Settlement in the above-noted action, you must complete and, on page 6, sign the Claim Form. If you fail to file a properly addressed Claim Form, your claim may be rejected and you may be precluded from any recovery from the Settlement Amount created in connection with the Settlement.
4. A separate Claim Form must be filed for each account in which Securities were held.
5. Only your Securities acquired during the Class Period are eligible to potentially recover under the Settlement. However, because your sales or unsold Securities held up to the time of your claim will be used for purposes of calculating your Notional Entitlement under the Plan of Allocation, information about acquisitions and dispositions of Securities after the Class Period, if any, is required for claim balancing. While such post Class Period acquisitions and dispositions will not be used for purposes of calculating your Notional Entitlement pursuant to the Plan of Allocation, the information is necessary in order to properly process your claim.
6. Submission of a Claim Form does not assure that you will share in the Settlement Amount.
7. Before submitting a Claim Form, Claimants may wish to consult a sample completed Claim Form, available at www.imperialmetalsclassaction.com.
8. For questions about this Claim Form, or if you require assistance, please contact the Claims Administrator, RicePoint Administration Inc., at **1-888-850-0045** or **imperialmetals@ricepoint.com**.
9. MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE **OCTOBER 13, 2023**, ADDRESSED TO THE ADMINISTRATOR:

**Imperial Metals Corporation
c/o RicePoint Administration Inc.
P.O. Box 3355
London, ON N6A 4K3**

II. KEY DEFINITIONS

1. "Action" means *Claire Baldwin v. Imperial Metals Corporation, et al.*, brought in the Ontario Superior Court of Justice under Court File No. CV-14-509885-00CP.
2. "Class Period" means the period from August 15, 2011 through to August 4, 2014, inclusive.
3. "Defendants" means Imperial Metals Corporation, J. Brian Kynoch, Andre Deepwell, Larry G. Moeller, Laurie Pare, N. Murray Edwards, Edco Financial Holdings Ltd. and Edco Capital Corporation.
4. "Excluded Persons" means:
 - (a) J. Brian Kynoch, Andre Deepwell, Larry G. Moeller, Laurie Pare and N. Murray Edwards;
 - (b) Imperial Metals Corporation, Edco Financial Holdings Ltd. and Edco Capital Corporation and their past or present subsidiaries, affiliates, legal representatives, General Counsel, predecessors, successors and assigns;
 - (c) any person who was an officer or director of Imperial Metals Corporation, Edco Financial Holdings Ltd. and Edco Capital Corporation during the Class Period;
 - (d) any immediate member of the Individual Defendants' families; and
 - (e) all persons who opted out of the Action.

5. "Securities" means Imperial Metals Corporation's common shares, Notes, or such other securities as defined in the Securities Legislation.

III. CLAIMANT IDENTIFICATION

1. Use Part I of this form entitled "Claimant Identification" to identify each purchaser of the Securities that are the subject of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASERS.

IV. CLAIM FORM

1. Claim Forms must be submitted to the Administrator (see contact details on the first page of these instructions).
2. A separate Claim Form must be filed for each account in which Imperial securities were held.
3. A Claimant must provide all of the requested information with respect to **all** of his, her or its:
 - (a) Imperial common shares held August 14, 2011
 - (b) Imperial common shares acquired between and including August 15, 2011 and August 4, 2014
 - (c) Imperial common shares acquired between August 5, 2014 and the date you are filing your claim form
 - (d) Imperial common shares sold/disposed of during the period from August 15, 2011 to and including the date you are filing your claim form
 - (e) Number of common shares held at the time the claim form is filed
 - (f) Face Value of notes held on March 14, 2014
 - (g) Face Value and Total Purchase or Acquisition Price (Including Commissions) of notes acquired between March 15, 2014 and August 4, 2014
 - (h) Face Value of notes acquired between August 5, 2014 and March 15, 2019
 - (i) Face Value and Total Sale/Disposition Proceeds (Including Interest Payments) of notes disposed of/sold from March 15, 2014 to March 15, 2019

Failure to report all required details may result in the rejection of a claimant's claim.

4. Please list each transaction in the Class Period separately and in chronological order, by trade date (not settlement date), beginning with the earliest. Claimants must accurately provide the month, day and year of each transaction listed.
5. Trade confirmations, broker statements or suitable alternative documentation evidencing a claimant's transactions in Securities must be submitted with the Claim Form. Failure to submit supporting documentation acceptable to the Administrator may result in the rejection of your claim.
6. The information required by the Administrator is the minimum amount of information necessary to process the claims. The Administrator may request additional information as required to efficiently and reliably calculate claimants' losses. In some cases, where the Administrator cannot perform compensation calculations accurately or at a reasonable cost to the Class with the information provided by a claimant, the Administrator may conditionally accept the claim pending receipt of additional information.
7. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in an electronic aggregate file. If you wish to file an electronic file batch claim, you must contact the Administrator at institutions@ricepoint.com.

Must Be Postmarked No Later
Than October 13, 2023

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Imperial Metals Corporation

Court File No. CVV-14-5059885-00CP

CLAIM FORM

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

Official
Office
Use
Only

PART I: CLAIMANT IDENTIFICATION

Payee Name (as you would like the name(s) to appear on the cheque, if eligible for payment):

[Grid for Payee Name]

Payee Name (cont'd)

[Grid for Payee Name (cont'd)]

Payee Name (cont'd)

[Grid for Payee Name (cont'd)]

Telephone Number (Primary Daytime)

[Grid for Telephone Number (Primary Daytime)]

Telephone Number (Alternate)

[Grid for Telephone Number (Alternate)]

Email Address

[Grid for Email Address]

MAILING INFORMATION

Address

[Grid for Address]

Address

[Grid for Address]

City

[Grid for City]

Province

[Grid for Province]

Postal Code

[Grid for Postal Code]

Province/State

[Grid for Province/State]

Postal Code/ZIP Code

[Grid for Postal Code/ZIP Code]

Foreign Country Name/Abbreviation

[Grid for Foreign Country Name/Abbreviation]

FOR CLAIMS PROCESSING ONLY	OB [] []	CB [] []	<input type="radio"/> ATP <input type="radio"/> KE	<input type="radio"/> BE <input type="radio"/> DR	<input type="radio"/> EM <input type="radio"/> ME	<input type="radio"/> ND <input type="radio"/> OP	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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PART III. Declaration

I (we) declare that the information on this Claim Form is true, correct and complete to the best of my (our) knowledge, information and belief.

I (we) declare that I (we) have disclosed all of my (our) holdings and purchase and sales transactions in Shares for the time periods required by this Claim Form.

I (we) also declare that I (we) am (are) not an Excluded Person(s) as defined in the General Instructions.

I (we) acknowledge and agree that the Claims Administrator may disclose all information relating to my (our) claim to the Courts and counsel to the parties in the Actions, as may be necessary.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Province/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Claimant)
Proof of Authority to File Enclosed? Yes No

(Capacity of person(s) signing, e.g., Claimant)
Proof of Authority to File Enclosed? Yes No

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**



Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original share certificates; we may not be able to send them back.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll-free at 1-888-850-0045.
6. If you move, you are required to send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your settlement benefits not being received by you.

Privacy Statement

All personal information provided by or on behalf of the Claimant to the Claims Administrator will be handled in accordance with applicable privacy laws and the Claims Administrator's privacy policies available at www.ricepoint.com. Such information will be used for the purposes of administering the Settlement Agreement, including evaluation by the Claims Administrator, Class Counsel, and Defense Counsel, of the Claimant's eligibility for compensation under the Settlement Agreement. Personal information provided by the Claimant will not be disclosed without further express written consent of the Claimant, except to Class Counsel and Defense Counsel; to appropriate persons to the extent necessary to process claims or provide benefits under the Settlement Agreement; as otherwise expressly provided in the Settlement Agreement; pursuant to court order, or as otherwise permitted or required by law; as may be reasonably necessary in order to enforce, or for Class Counsel or Defense Counsel to exercise their respective rights (including appeal rights) under the Settlement Agreement; or to the immediate family members, counsel, accountants and/or financial advisors of the Claimant (each of whom the Claimant shall instruct to maintain and honour the confidentiality of such information).



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