

Schedule "B"

Proof of Claim

A. Particulars of Creditor / Unitholder:

- (1) Full Legal Name
- (2) Full Mailing Address:
- (3) Telephone Number
- (4) Facsimile Number:
- (5) E-mail Address:
- (6) Attention (Contact Person):

B. Particulars of Original Creditor or Unitholder from Whom You Acquired Claim, if Applicable:

- (1) Have you acquired this Claim by assignment?

Yes [] No []

(if yes, attach documents evidencing assignment)

- (2) Full Legal Name of Original Creditor(s) / Unitholder (s):

C. Claim:

I,, [*name of Creditor / Unitholder or authorized representative*], do hereby certify that I am a Creditor / Unitholder of/hold the position of of the Creditor / Unitholder and have knowledge of all the circumstances connected with the Claim described herein; and

The Creditor / Unitholder makes the following Claim (e.g. claims as at April 2, 2012) against P.O.S.E. Investments (the "Company"):

Claim Amount \$ _____

D. Particulars of Claim:

Circle nature of Claim :

Affected Creditor Claim / Cost Claim / Affected Unitholder Claim

The Particulars of the undersigned's total Claim are attached.

(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s), certificate(s), bank records, etc. giving rise to the Claim).

THIS PROOF OF CLAIM MUST BE RETURNED TO AND RECEIVED BY THE RECEIVER BY 5:00 P.M. (TORONTO TIME) ON THE CLAIMS BAR DATE (SEPTEMBER 30, 2013) AT THE FOLLOWING ADDRESS:

DELOITTE & TOUCHE INC.
4210 KING STREET EAST
Kitchener, ON N2P 2G5

Attention: Wendy Santoro
Telephone: (519) 967-7714
Facsimile: (519) 967-0324
dpentsa@deloitte.ca

DATED at this day of, 2013

Per: _____
Signature