EMPLOYEE PROOF OF CLAIM

IN THE MATTER OF THE RECEIVERSHIP OF MOSAIC ENERGY LTD. ("Mosaic")

Regarding the claim of _____ (the "**Employee**")

All notices or correspondence regarding this claim are to be forwarded to the Employee at the following address:

_____

_____

Telephone Number: (___) ___-____

Facsimile Number: (___) ___-____

Email address: _____

(*All future correspondence will be delivered to the designated email address unless the Employee specifically requests hard copies*)

☐ Please provide hard copies of correspondence to the address above.

I, _____ (*name of Employee signing Claim)*, of _____ (*City, Province or State*), do hereby certify that:

1. I am the Employee.
2. I have knowledge of all the circumstances connected with the claim referred to in this form.
3. The details of my employment with Mosaic include the following:
    a) Date of Commencement of Employment:_____
    b) Date of Termination of Employment:_____
    c) Position at Termination:_____
    d) Salary (including bonuses) at Termination:_____
    e) Age at Termination (optional):_____
4. Since my Termination, I (have/have not) arranged alternate employment (*provide details*).

    _____
    _____

5. **I claim entitlement to a Claim in the sum of $_____, the details and calculation of which are as follows:**

   _____
   _____
   _____

   (*attach additional details if space insufficient*)

DATED this ___ day of _____, 2016, at _____.

_____ Per:_____

Witness Name of Employee