

[INSERT NAME]
[INSERT ADDRESS]

IN THE MATTER OF WABUSH MINES
CCAA PROCEEDINGS
PERSONAL INFORMATION STATEMENT

Personal Information Statement for:

[INSERT NAME]

Please review the information below and correct any information that is incorrect. Please return this document to Representative Counsel with either your agreement or changes by email, fax or mail to the address below, by no later than July 31, 2016 at 5:00 p.m. (EST). If you have any questions, please contact Representative Counsel at 1-800-965-6636 or email at wabushrepcounsel@kmlaw.ca.

Koskie Minsky LLP
Court-appointed Representative Counsel to Salaried Employees and Retirees of Wabush Mines
20 Queen Street West, Suite 900
Toronto, Ontario M5H 3R3
Attention: Wabush CCAA

Email: wabushrepcounsel@kmlaw.ca
Fax: 416-204-2897

(A) Pension and Benefit Plans:

According to the information we received from the company, you have a registered pension benefit under the Wabush Pension Plans, and other post-employment benefits ("OPEBs") as listed below. Since this form is being used to verify any OPEB entitlements you may have, we have not recorded your registered pension benefit information on this form.

If the boxes below are blank, the company records indicate that you are only entitled to a registered pension benefit and have no OPEB entitlements. To confirm that the company has not missed any benefits to which you may be entitled, please review and confirm the accuracy of the information below.

If any of the information is inaccurate or incomplete, please add in the correct information and provide supporting documentation (such as any correspondence from the company or a record of benefit payments received from a plan provider). Please send us a copy of the supporting documents by email, mail or fax to the contact information provided on the first page of this form. Please do not send us original documents.

If you have no changes to the below you do not need to send in any supporting documentation.

	Plan Name and Number	Corrections, if any
Supplemental Pension Plan (SRA) [Note: this is the pension benefit for certain senior employees and is not the bridging benefit under the registered pension plan]		
OPEB – Medical & Dental		
OPEB – Life Insurance		
Residential Housing Allowance		
Any other benefits to which you claim to be entitled (provide supporting documentation)		

(B) Personal Data:

	Per Wabush Mines records	Mark an «X» if you agree	Corrections, if any
Name			
Address			
Phone Number			
Email			
Date of Birth			
Employee Number			
Gender			

(C) Spousal Information (to be completed if you have a spouse who is entitled to receive benefits under one or more of the above-noted Plans as a surviving spouse):

	Per Wabush Mines records	Mark an «X» if you agree	Corrections, if any
OPEB Coverage Type (Family or Single)			
Spouse's Date of Birth			

(D) Work History:

	Per Wabush Mines records	Mark an «X» if you agree	Provide Correction to Work History with supporting documentation information if you believe Wabush Mines records to be incorrect
Employment Status (retired, active, LTD, terminated or deferred)			
Date of retirement or cessation of employment			
Name of Employer at the time of retirement or cessation of employment			

(E) Complete this section only if you are a Power Of Attorney ("POA") of a Wabush employee or retiree:

If, as a holder of a valid power of attorney, you have completed and signed this questionnaire on behalf of the retiree, please print below your full name, address, telephone number, and e-mail address. In addition to this questionnaire, please send us a copy of the power of attorney.

Name	
Address	
Phone Number	
E-mail Address	

(F) Confirmation of Personal Information:

I have read this Personal Information Statement and I confirm that *(check all that apply)*:

- the information shown above under sections (A), (B), (C) and (D) are accurate; OR
- I have indicated any required corrections above, in sections (A), (B), (C) and (D);
- if I have provided or confirmed personal information of any spouse or beneficiary on this Personal Information Statement, I have the consent of the spouse or beneficiary to provide the personal information.

Signature:

Date

Signature of witness (other than the spouse or children)

Name of witness (print)

Telephone number of witness

**ONE COPY OF THIS FORM MUST BE RETURNED
TO REPRESENTATIVE COUNSEL, BY NO LATER THAN 5:00 P.M. (EASTERN
STANDARD TIME) ON JULY 31, 2016**

N° / No.: 500-11-048114-157

SUPERIOR COURT
(COMMERCIAL DIVISION)

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c. C-36, AS AMENDED
IN THE MATTER OF THE PLAN OF COMPROMISE OR ARRANGEMENT OF:

BLOOM LAKE GENERAL PARTNER LIMITED, QUINTO MINING CORPORATION, 8568391 CANADA LIMITED, CLIFFS QUÉBEC
IRON MINING ULC, WABUSH IRON CO. LIMITED, WABUSH RESOURCES INC.,

Petitioners

- and -

THE BLOOM LAKE IRON ORE MINE LIMITED PARTNERSHIP, BLOOM LAKE RAILWAY COMPANY LIMITED, WABUSH MINES,
ARNAUD RAILWAY COMPANY, WABUSH LAKE RAILWAY COMPANY LIMITED

Mises-en-cause

- and -

FTI CONSULTING CANADA INC.

Monitor

- and -

MICHAEL KEEPER, TERENCE WATT, DAMIEN LABEL & NEIL JOHNSON

PETITIONERS-Mises-en-cause

- and -

UNITED STEELWORKERS, LOCAL 6254, UNITED STEELWORKERS, LOCAL 6285

Mises-en-cause

- and -

MORNEAU SHEPELL

Mise-en-cause

*“Motion for an Order Approving the Exchange of Information Between Representative Counsel and United Steelworkers,
Local 6254 and United Steelworkers, Local 6285, with the Administrator of the Pension Plans, Morneau Shepell”, Affidavit,
Attestation of Authenticity, Notice of Presentation, List of Exhibits and Exhibits P-1 and P-2*

M^{ES} NICHOLAS SCHEIB, ANDREW HATNAY AND BARBARA WALANCIK

Co-Attorneys for the Petitioners-Mises-en-cause Michael Keeper, Terence Watt, Damien Lebel and Neil Johnson

AS-0G41

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