

SCHEDULE "3"

PROOF OF CLAIM
IN RESPECT OF CLAIMS AGAINST
SIGNATURE ALUMINUM CANADA INC.
(the "APPLICANT")

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT,

R.S.C. 1985, c., C-36, as amended

Please indicate if this Proof of Claim is an (please check one):

- Original Proof of Claim, OR
- Amended Proof of Claim

A. PARTICULARS OF CREDITOR

1. Full Legal Name of Claimant: _____ (the "Creditor").

(Full legal or Corporate name should be the name of the original Creditor. Do not file separate Proofs of Claim by division of the same Creditor.)

2. Full Mailing Address of the Creditor.

3. Telephone Number of Creditor: _____ *

4. Facsimile Number of Creditor: _____ *

5. Attention (Contact Person): _____ *

6. Email address of Contact Person: _____ *

*** IN ORDER TO ENSURE ALL CLAIMS ARE PROCESSED IN AN EXPEDITED MANNER YOU MUST PROVIDE ONE (1) OR MORE OF YOUR TELEPHONE NUMBER, FAX NUMBER OR EMAIL ADDRESS.**

7. Has the Claim been sold or assigned by Creditor to another party?

Yes_____ No_____ (If yes please complete section D)

B. PROOF OF CLAIM:

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

A) that I am (please check one):

_____the Creditor; or

_____hold the following position of _____ of the Creditor

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

B) The Creditor is owed as follows:

Secured Claim \$_____ Cdn on a secured basis,

I have valued my security at \$_____ (this will be the amount at which you value your secured claim, the difference between the secured claim amount and the value of your security will be the amount of your unsecured claim)

Unsecured Claim \$_____ Cdn on an unsecured basis

(If the Claim is in a foreign currency, it should be converted to Canadian dollars at the exchange rate of the Bank of Canada as at the Filing Date)

C. PARTICULARS OF CLAIM:

Description of transaction, agreement or event giving rise or relating to the Claim:

If the Claim is contingent or unliquidated, state the basis and provide evidence upon which the Claim has been valued:

Description of security, if any, granted to the Creditor or assigned by Creditor in respect of the Claim:

Estimated value of security outlined above as at the date of the Claim:

IF CREDITOR REQUIRES ADDITIONAL SPACE THAN AS PROVIDED HEREIN, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD ALSO PROVIDE COPIES OF ALL RELEVANT AGREEMENTS

A DETAILED, COMPLETE STATEMENT OF ACCOUNT MUST BE ATTACHED TO THE PROOF OF CLAIM WHICH MUST SHOW THE DATE, THE NUMBER AND THE AMOUNT OF EACH INVOICE OR CHARGE, TOGETHER WITH THE DATE, THE NUMBER AND THE AMOUNT OF ALL CREDITS, COUNTERCLAIMS, DISCOUNTS, PAYMENTS, ETC., TO WHICH THE APPLICANT IS ENTITLED.

D. PARTICULARS OF ASSIGNEE(S) (IF ANY):

1. Full Legal Name of Assignee(s) of 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 Claim Assigned \$ _____

Amount of Total Claim Not Assigned \$ _____

Total Amount of Claim \$ _____

(should equal "Total Claim" as entered on Section B)

2. Full Mailing Address of Assignee(s):

3. Telephone Number of Assignee(s): _____

4. Facsimile Number of Assignee(s): _____

5. Attention (Contact Person): _____

The duly completed Proof of Claim together with supporting documentation must be returned and received by FTI Consulting Canada Inc., no later than 5:00 pm (Toronto Time) on [INSERT RELEVANT DATE DEPENDING ON WHETHER PREFILING CLAIM OR SUBSEQUENT CLAIM], 2010 to the address or facsimile below.

FAILURE TO FILE YOUR PROOF OF CLAIM BY SUCH DATE WILL RESULT IN YOUR CLAIM BEING FOREVER EXTINGUISHED AND BARRED.

Mailing Address

FTI Consulting Canada Inc.
Monitor of Signature Aluminum Canada Inc.
79 Wellington Street West,
Suite 2010
TD Waterhouse Tower
Toronto-Dominion Centre
Toronto, Ontario M5K 1G8
Attention: Brogan Taylor
Telephone: 416-649-8074
Facsimile: 416-649-8101
E-mail: signature@fticonsulting.com

DATED at _____ this _____ day of _____, 2010.

(Signature of Witness)

(Signature of individual completing this form)

(Please print name)

(Please print name)