### IMAX CORPORATION ("IMAX") SECURITIES CLASS ACTION LITIGATION

Ontario Superior Court of Justice, Court File No. CV-06-3257-00

### PAPER CLAIM FORM

### I. REQUIREMENTS/ GENERAL INSTRUCTIONS

- 1. Claims should be filed online using the secure Online Claims System at www.imax-classaction.com
- 2. This paper Claim Form is to be used only if you do not have a computer with a connection to the Internet.
- 3. The completed and signed Claim Form and required supporting documents must be received by the Administrator on or before the Claims Bar Deadline which is 5:00 pm (Eastern) on May 31, 2016.
- 4. Send the completed and signed Claim Form and required supporting documents on or before the May 31, 2016 deadline by prepaid mail to:

### **IMAX Securities Class Action**

P.O Box 3355

London, Ontario

N6A 4K3

5. Keep a copy of the completed Claim Form and all supporting documents for your records.

### II. CLAIMANT IDENTIFICATION

- 1. The "Claimant" is the person who purchased or acquired the IMAX shares (the "Shares") in the period February 17, 2006 to and including August 9, 2006.
- 2. Please be accurate as this information will be used by the Administrator if there is a payout for this Claim.
- 3. Is the Claimant an "Excluded Person"?

"Excluded Person" means: (a) the Defendants and IMAX' subsidiaries, affiliates, officers, directors, senior employees, legal representatives, heirs, predecessors, successors and assigns; (b) any member of the Individual Defendants' families and any entity in which any of them has or had during the Class Period any legal or de facto controlling interest; or (c) any person who purchased all of their shares on the NASDAQ and who did not deliver an opt-out notice in the U.S. class action In re IMAX Securities Litigation, Civil Action No. 1:06-cv-06128 (S.D.N.Y.)

### If Yes, the Claimant is not a Class Member and should not complete this Claim Form.

4. Is the Claimant deceased?

If the claimant is deceased the form must be filed out on behalf of the claimant's estate. Proof of death must be included with the claim form.

Official Office Use Only



IMAX Corporation ("IMAX") Securities Class Action Litigation

Ontario Superior Court of Justice, Court File No. CV-06-3257-00

PAPER CLAIM FORM

<u>Please Type or Print in the Boxes Below</u> Do <u>NOT</u> use Red Ink, Pencil, or Staples Must Be Postmarked No Later Than May 31, 2016

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Is the Claimant an "Excluded Person"?		

"Excluded Person" means: (a) the Defendants and IMAX' subsidiaries, affiliates, officers, directors, senior employees, legal representatives, heirs, predecessors, successors and assigns; (b) any member of the Individual Defendants' families and any entity in which any of them has or had during the Class Period any legal or de facto controlling interest; or (c) any person who purchased all of their shares on the NASDAQ and who did not deliver an opt-out notice in the U.S. class action in re IMAX Securities Litigation, Civil Action No. 1:06-cv-06128 (S.D.N.Y.)

If Yes, the Claimant is not a Class Member and should not complete this Claim Form.

A. Did the claimant purchase or aquire the Shares in the period February 17, 2006 to and including August 9, 2006?

○ Yes ○ No

If No, the Claimant is not a Class Member and should not complete this Claim Form.

B. Were the Shares the Claimant purchased in the period February 17, 2006 to and including August 9, 2006 held in a Mutual Fund?

If Yes, the Mutual Fund is the Class Member, and the Claimant should not complete this Claim Form unless the Claimant is the Mutual Fund.

- C. Each of the questions below use the term "Eligible Shares". Eligible Shares are Shares the Claimant purchased or acquired from February 17, 2006 to August 9, 2006.
  - 1. Does the Claimant's right to assert this claim come from some other person or entity, for example, by transfer or assignment of the Eligible Shares?

# If YES, provide details of these acquired rights in the space below, and submit documents evidencing these acquired rights with this Claim Form.

2. Did the Claimant make an assignment in bankruptcy after purchasing or acquiring the Eligible Shares? O Yes O No

## If YES, provide details of the assignment including date of assignment, and name and address of trustee in the space below, and submit documents evidencing this assignment with this Claim Form.

		ΥΥΥΥ	<u>MM</u> DD
	Date of the Assignment:		1 1
Trustee's Last Name	M.I. Trustee's	First Name	
Address			
Address			
City		State	Zip Code
Province Postal	Code Count	ry Name/Abbre	viation

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page. YOU MUST READ AND SIGN THE DECLARATION ON PAGE 7. FAILURE TO SIGN THE DECLARATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

### PART IIA. SCHEDULE OF TRANSACTIONS IN IMAX CORPORATION

### Traded in Canadian Dollars (CAD)

A. Number of Shares held at the close of trading on February 16, 2006:

	Proof I	Enclosed?
		⊖ Y ⊖ N

Proof Enclosed?

N

B. Shares in Canadian Dollars purchased from February 17, 2006 through August 9, 2006, inclusive:

Trade Date(s) of Shares (List Chronologically)	Number of Shares Purchased	Total Purchase Price ( <b>Canadian \$</b> ) Including Commissions <i>Please round off to</i> <i>the nearest whole CAD</i>	Proof of Purchase Enclosed?
M     M     D     D     Y     Y     Y       1.     /     /     /     /     /     /	\$		00 O Y
2.	\$		00 Y N
3.	\$		00 Y
4.	\$		00

C. Shares in Canadian Dollars sold from February 17, 2006 through and including the date the Claim Form is completed:

Trade Date(s) of Shares (List Chronologically)	Number of Shares Sold	Total Sales Price ( <b>Canadian \$</b> ) Including Commissions <i>Please round off to</i> <i>the nearest whole CAD</i>	Proof of Sales Enclosed?
M       M       D       D       Y       Y       Y         1.       /       /       /       /       /       /       /         2.       /       /       /       /       /       /       /         3.       /       /       /       /       /       /       /		\$ 	000 V 000 V 000 V 000 V 000 N
4. / / /		\$	00 Y N
D. Number of Shares held at the close of trac	ling on August 9, 2006:	F	Proof Enclosed?

E. Number of Shares held at the time the Claim Form is completed:

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page. YOU MUST READ AND SIGN THE DECLARATION ON PAGE 7. FAILURE TO SIGN THE DECLARATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

### PART IIB. SCHEDULE OF TRANSACTIONS IN IMAX CORPORATION Traded in United States Dollars (USD)

Proof Enclosed?

						1	$\frown$
Α.	Number of Shares held at the close of trading on February 16, 2006:					(	) Ү Л П

B. Shares in United States Dollars purchased from February 17, 2006 through August 9, 2006, inclusive:

PURCHASES		Total Purchase Price ( <b>USD \$</b> ) Including Commissions	Proof of
Trade Date(s) of Shares (List Chronologically)	Number of Shares Purchased	Please round off to the nearest whole USD	Purchase Enclosed?
M     M     D     D     Y     Y     Y       1.     /     /     /     /     /		\$	00
2. / /		\$	• 0 0 0 Y
3.		\$	00
4. / / /		\$	00

C. Shares in United States Dollars sold from February 17, 2006 through and including the date the Claim Form is completed:

Trade Date(s) of Shares (List Chronologically)	Number of Shares Sold	Total Sales Price ( <b>USD \$</b> ) Including Commissions <i>Please round off to</i> <i>the nearest whole USD</i>	Proof of Sales Enclosed?					
M       M       D       D       Y       Y       Y         1.       /       /       /       /       /       /         2.       /       /       /       /       /       /         3.       /       /       /       /       /       /         4.       /       /       /       /       /       /		\$  \$   \$   \$   \$	• 0 0 0 V N • 0 0 0 V N • 0 0 V N • 0 0 V N • 0 0 V N					
D. Number of Shares held at the close of trading on August 9, 2006:								
E. Number of Shares held at the time the Claim Form is completed:								

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page. YOU MUST READ AND SIGN THE DECLARATION ON PAGE 7 FAILURE TO SIGN THE DECLARATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

	PART IV. D	eclaration		
How did you find out about this class action?				
Newspaper Notice	O Notice Mailing	Information provided by Broker/Custodian		
Online (i.e. Facebook, Twitter, etc)	Other			
		(specify)		
Through what institution did you hold shares of I	MAX Corportation	?		
	Other			
I (we) declare under penalty of perjury that the knowledge, information and belief.	information on t	(specify) his Claim Form is true, correct and complete to the best of my		
I (we) declare that I (we) have disclosed all of my identified in this Claim Form.	ι (our) holdings ar	nd purchase and sales transactions in Shares for the time periods		
I (we) also declare that I (we) am (are) not an Ex	cluded Person or	Excluded Persons as defined in the Settlement Agreement.		
I (we) acknowledge and agree that the Claims Ac counsel to the parties in the Actions.	dministrator may o	disclose all information relating to my (our) claim to the Court and		
Executed this day of		in		
	onth/Year)	in (City/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., Beneficial Purchaser, Executor or Administrator Proof of Authority to File Enclosed? Yes	)	(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator) Proof of Authority to File Enclosed? Yes No		
		ES A SIGNIFICANT AMOUNT OF TIME. YOUR PATIENCE.		
Reminder Checklist:		5. The Claims Administrator will acknowledge receipt of your		
1. Please sign the above declaration.		Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment		
2. Remember to attach supporting documentation	on, if available.	postcard. If you do not receive an acknowledgment postcard		
<ol><li>Do not send original stock certificates; we may to send them back.</li></ol>	ay not be able	within 60 days, please call the Claims Administrator toll free at <u>1-866-432-5534</u> .		
<ul> <li>4. Keep a copy of your Claim Form and all supporting documentation for your records.</li> <li>6. If you move, you are required to send the Claims your new address. Failure to notify the Claims of a new address may result in your settleme being paid to you.</li> </ul>				

#### **Privacy Statement**

All information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Counsel pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Settlement, including evaluating the Claimant's eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant and an order of the Court.

"Class Counsel" is defined as Sutts, Strosberg LLP of Windsor, Ontario and Siskinds LLP of London, Ontario.

The "Claims Administrator" is defined as RicePoint Administration Inc. of London, Ontario ("RicePoint").

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