

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.

PART IV. Declaration

How did you find out about this class action?

- Newspaper Notice
- Notice Mailing
- Information provided by Broker/Custodian
- Online (i.e. Facebook, Twitter, etc)
- Other _____
(specify)

Through what institution did you hold shares of IMAX Corporation?

- TD
- RBC
- SCOTIA
- CIBC
- BMO
- Other _____
(specify)

I (we) declare under penalty of perjury that the information on this Claim Form is true, correct and complete to the best of my knowledge, information and belief.

I (we) declare that I (we) have disclosed all of my (our) holdings and purchase and sales transactions in Shares for the time periods identified in this Claim Form.

I (we) also declare that I (we) am (are) not an Excluded Person or Excluded Persons as defined in the Settlement Agreement.

I (we) acknowledge and agree that the Claims Administrator may disclose all information relating to my (our) claim to the Court and counsel to the parties in the Actions.

Executed this _____ day of _____ in _____
(Month/Year) (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)

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

Proof of Authority to File Enclosed? Yes No

Proof of Authority to File Enclosed? Yes No

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original stock certificates; we may not be able to send them back.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-866-432-5534.
6. If you move, you are required to send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your settlement benefits not being paid to you.

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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