ARCTIC GLACIER INCOME FUND OPT-OUT FORM

Must Be Postmarked No Later Than August 13, 2012

I, the undersigned, request to be excluded from the Settlement in the above-referenced matter.

By completing this form, I understand that I will not be eligible to participate in the Arctic Glacier Income Fund Securities Litigation Settlement. I will be barred from submitting a Proof of Claim and Release Form and receiving compensation from the Settlement Fund.

I acknowledge and agree that the Settlement Administrator may disclose all information relating to my opt-out request to the Courts and Counsel in this matter.

Last Name | M.I. | First Name

Address 1

Address 2

City | State | Zip Code

Province | Postal Code | Country Name/Abbreviation

Social Insurance Number/Social Security Number/Unique Tax Identifier

Telephone Number (Work) — — | Telephone Number (Home) — —

Total number of Arctic Glacier Income Fund Units held as of March 12, 2002:

Total number of Arctic Glacier Income Fund Units held as of September 16, 2008:

You must also accompany your Opt-Out form with brokerage statements, or other transaction records, listing all of your purchases and sales of Units of Arctic Glacier Income Fund Units between March 13, 2002 through September 16, 2008, inclusive.

Signature: _____ Date Signed: _____

This completed and signed request for exclusion must be sent to the Claims Administrator at:

Arctic Glacier Income Fund Securities Litigation
Claims Administrator
P.O. Box 3355
London, ON N6A 4K3