

# COMPENSATION APPLICATION FORM

For the January 1st to December 31, 2025 period.

Application deadline: March 31, 2026

Date received:	Received by:
Resident: R	elaimants over the age of majority: Number of minor claimants
SECTION 1: ADDRESS	
1.1. ADDRESS FOR WHICH COMPENS	SATION IS SOUGHT
Street Number:	Apt. No.:
Street Name:	
Residential Zone:	C D (chemin des Merles)
	CLAIMANTS OVER THE AGE OF MAJORITY
	LAIMANTS OVER THE AGE OF MAJORITY
SECTION 2: IDENTIFICATION OF C	LAIMANTS OVER THE AGE OF MAJORITY  MAJORITY
SECTION 2: IDENTIFICATION OF C 2.1. CLAIMANT 1 OVER THE AGE OF 2.1.1. Identification  Last Name:	ELAIMANTS OVER THE AGE OF MAJORITY  FMAJORITY  First Name:
SECTION 2: IDENTIFICATION OF C  2.1. CLAIMANT 1 OVER THE AGE OF  2.1.1. Identification  Last Name:  Date of Birth:  dd/mm	ELAIMANTS OVER THE AGE OF MAJORITY  FMAJORITY  First Name: Telephone:
SECTION 2: IDENTIFICATION OF C  2.1. CLAIMANT 1 OVER THE AGE OF  2.1.1. Identification  Last Name:  Date of Birth:  dd/mm	ELAIMANTS OVER THE AGE OF MAJORITY  FIRST Name: Telephone:
SECTION 2: IDENTIFICATION OF C  2.1. CLAIMANT 1 OVER THE AGE OF  2.1.1. Identification  Last Name:  Date of Birth:  dd/mn  Email Address:	ELAIMANTS OVER THE AGE OF MAJORITY  FIRST Name: Telephone:
SECTION 2: IDENTIFICATION OF C  2.1. CLAIMANT 1 OVER THE AGE OF  2.1.1. Identification  Last Name:  Date of Birth:  dd/mm  Email Address:  Language of Communication:  Engli  2.1.2. Property Relationship	ELAIMANTS OVER THE AGE OF MAJORITY  FIRST Name: Telephone:

of property.	ompensation is sought, please i	ndicate the type
<ul><li>☐ Private Home</li><li>☐ Apartment Building (<i>Please specify the number of units</i>.): _</li></ul>		
2.1.3. Period of residence at the address for which comp	pensation is sought	
Complete (January 1 to December 31, 2025)		
☐ Partial		
From todd/mm/yyyy dd/mm/yyyy	-	
2.1.4. Other Home Address		
f, between January 1 and December 31, 2025, you resided a compensation is sought, please complete <b>Appendix 5</b> and pro- nome addresses in Malartic or on chemin des Merles in Rivière-Hé	vide supporting documents for each	
☐ I have completed <b>Appendix 5</b> .		
2.1.5. Lengthy Stays Away from Home		.5
I stayed outside my residential zone for thirty (30) consecut 2025. Please complete <b>Appendix 6</b> .	ive days or more between January 1	and December 31,
2.1.6. Mailing Address for Payment (if different from the a	ddress for which compensation is	sought)
Full Address:		
2.1.7. Compensation Payment Instructions	NEW THIS YEAR!	
Compensation for this individual shall be paid to:		
Claimant 1	Please provide a	
Claimant 2	specimen check in order to make	
Claimant 3	the payment by	
Claimant 4	direct deposit.	
IMPORTANT:		
Provide a copy of proof of residence, as detailed in Appendix 3	3, as well as a specimen check for dir	ect deposit
payments.		

REMEMBER TO COMPLETE AND SIGN THE STATEMENT ON THE NEXT PAGE.

# 2.1.8. Statement and Signature

	)B:		

Every claimant over the age of majority shall complete and sign a statement.

Ι,	the undersigned (in block letters):
•	hereby consent that the information contained herein and the attached supporting documents be used by Canadian Malartic GP or its associates to implement the Good Neighbour Guide on Impact Mitigation and Compensation and the Acquisition of Properties in Malartic (the "Guide") and, in particular, to (i) determine my eligibility for the Guide's compensation program and, if appropriate, the value of such compensation, and to (ii) release non-personally identifiable statistics on the Guide's implementation;
	understand that any payment of compensation will be conditional upon my signing a full and final release pertaining to the period covered by such compensation and whose terms shall be determined by Canadian Malartic GP;
•	confirm that any lengthy stay (e.g.: snowbirds, students, hospitalization, children in joint custody) by a claimant over the age of majority or a minor claimant outside my residential zone has been excluded from the period of residence for which compensation is requested; and
•	state that the information contained herein and the attached supporting documents are true and complete. I understand that any fraudulent statement or false document will be subject to a penal complaint by Canadian Malartic GP and that Canadian Malartic GP shall be reimbursed for any amount paid on the basis of a false statement or a false document.
S	ignature: Date:dd/mm/yyyy
	<i>Ga</i> ,,,,,,

# 2.2. CLAIMANT 2 OVER THE AGE OF MAJORITY

2.2.1. Identification	
Last Name:	First Name:
Date of Birth:  dd/mm/yyyy	Telephone:
Email Address:	
Language of Communication: English French	
2.2.2. Property Relationship	
☐ Owner-occupier       ☐ Non-Occupant Own         ☐ Tenant       ☐ Occupier (neither or only)	
If you answered "Owner" for the address for which oproperty.	compensation is sought, please indicate the type of
<ul><li>Private Home</li><li>Apartment Building (<i>Please specify the number of units</i></li></ul>	s.):
2.2.3. Period of residence at the address for which of	compensation is sought
Complete (January 1 to December 31, 2025)	
Partial	
From todd/mm/yyyy dd/mm/yyyy	
2.2.4. Other Home Addresses	
If, between January 1 and December 31, 2025, you reside compensation is sought, please complete <b>Appendix 5</b> and home addresses in Malartic or on chemin des Merles in Rivièr	provide supporting documents for each address (indicate
I have completed <b>Appendix 5</b> .	
2.2.5. Lenghty Stays Away from Home	
I stayed outside my residential zone for thirty (30) cons 2025. Please complete <b>Appendix 6</b> .	secutive days or more between January 1 and December 31,

<b>2.2.6. Mailing Address for Payment</b> (if different from the address for which compensation is sought)  Full Address:			
2.2.7. Compensation Payment Instruct	ions	<b>NEW THIS YEAR!</b>	
Compensation for this individual shall be pa	aid to:		
Claimant 1		Please provide a specimen check	
Claimant 2		in order to make	
☐ Claimant 3 ☐ Claimant 4		the payment by direct deposit.	
Cialifiant 4		an oot aspesia	
IMPORTANT:			
Provide a copy of proof of residence, as de	etailed in <b>Appendix 3</b> , as well a	s a specimen check for dire	ct deposit
payments.			
2.2.8. Statement et signature			
IMPORTANT:			
Every claimant over the age of majority sha	all complete and sign a stateme	nt.	
I, the undersigned (in block letters):			
<ul> <li>hereby consent that the information contain</li> </ul>	ned herein and the attached sur	poorting documents be used	l by Canadian
Malartic GP or its associates to implement	the Good Neighbour Guide on	Impact Mitigation and Comp	pensation and
the Acquisition of Properties in Malartic (the compensation program and, if appropriate	e, the value of such compens		
identifiable statistics on the Guide's implem-			
<ul> <li>understand that any payment of compensation to the period covered by such compensation</li> </ul>			
<ul> <li>confirm that any lengthy stay (e.g.: snowbir the age of majority or a minor claimant outs</li> </ul>			
for which compensation is requested; and	side my residential zone has be	en excluded from the period	of residence
<ul> <li>state that the information contained here understand that any fraudulent statement Malartic GP and that Canadian Malartic statement or a false document.</li> </ul>	or false document will be sul	bject to a penal complaint	by Canadian
Signature:	Date:		
		dd/mm/yyyy	

# 2.3. CLAIMANT 3 OVER THE AGE OF MAJORITY

2.3.1. Identification	
Last Name:	First Name:
Date of Birth:	Telephone:
Email Address:  Language of communication:  English French	
Language of communication English Trenen	
2.3.2. Property Relationship	
Owner-occupier Non-occupant Owne	er
Tenant Occupier (neither ow	ner or tenant)
If you answered "Owner" for the address for which coproperty.	ompensation is sought, please indicate the type o
<ul><li>☐ Private Home</li><li>☐ Apartment Building (<i>Please specify the number of units</i>.</li></ul>	):
2.3.3. Period of residence at the address for which co  Complete (January 1 to December 31, 2025)	ompensation is sought
☐ Partial	
From todd/mm/yyyy dd/mm/yyyy	
аалитуууу	
2.3.4. Other Home Addresses	
If, between January 1 and December 31, 2025, you resided compensation is sought, please complete <b>Appendix 5</b> and phome addresses in Malartic or on chemin des Merles in Rivière	provide supporting documents for each address (indicate
☐ I have completed <b>Appendix 5</b> .	
2.3.5. Lenghty Stays Away from Home	
I stayed outside my residential zone for thirty (30) conse 2025. Please complete <b>Appendix 6</b> .	ecutive days or more between January 1 and December 31

2.3.6. Mailing Address for Payment (if diff	erent from the address for which compensation is sought)
Full Address:	
2.3.7. Compensation Payment Instruction	us
Compensation for this individual shall be paid	to: NEW THIS YEAR!
☐ Claimant 1 ☐ Claimant 2 ☐ Claimant 3 ☐ Claimant 4	Please provide a specimen check in order to make the payment by direct deposit.
IMPORTANT: Provide a copy of proof of residence, as detail payments.	led in <b>Appendix 3</b> , as well as a specimen check for direct deposit
2.3.8. Statement et signature	
IMPORTANT: Every claimant over the age of majority shall of	complete and sign a statement.
I, the undersigned (in block letters):	
Malartic GP or its associates to implement the the Acquisition of Properties in Malartic (the "C	herein and the attached supporting documents be used by Canadian Good Neighbour Guide on Impact Mitigation and Compensation and Guide") and, in particular, to (i) determine my eligibility for the Guide's ne value of such compensation, and to (ii) release non-personally ation;
	will be conditional upon my signing a full and final release pertaining and whose terms shall be determined by Canadian Malartic GP;
· confirm that any lengthy stay (e.g.: snowbirds, students, hospitalization, children in joint custody) by a claimant over the age of majority or a minor claimant outside my residential zone has been excluded from the period of residence for which compensation is requested; and	
understand that any fraudulent statement or	and the attached supporting documents are true and complete. I false document will be subject to a penal complaint by Canadian shall be reimbursed for any amount paid on the basis of a false
Signature:	Date:

# 2.4. CLAIMANT 4 OVER THE AGE OF MAJORITY

2.4.1. Identification	
Last Name:	First Name:
Date of Birth:	Telephone:
Email Address:	
Language of communication:   English French	ו
2.4.2. Property Relationship	
☐ Owner-occupier       ☐ Non-occupant O         ☐ Tenant       ☐ Occupier (neither	wner er owner or tenant)
If you answered "Owner" for the address for whic property.	h compensation is sought, please indicate the type o
<ul><li>Private Home</li><li>Apartment Building (<i>Please specify the number of u</i></li></ul>	nits.):
2.4.3. Period of residence at the address for which	h compensation is sought
Complete (January 1 to December 31, 2025)	
☐ Partial	
From todd/mm/yyyy dd/mm/yyyy	y
2.4.4. Other Home Addresses	
	sided at addresses other than the current address for which and provide supporting documents for each address (indicate rière-Héva only).
☐ I have completed <b>Appendix 5</b> .	
2.4.5. Lenghty Stays Away from Home	
I stayed outside my residential zone for thirty (30) co 2025. Please complete <b>Appendix 6</b> .	onsecutive days or more between January 1 and December 31

2.4.6. Mailing Address for Payment (if diff.	ferent from the address for w	which compensation is sought)
Full Address:		
2.4.7. Compensation Payment Instructio	ns	NEW THIS YEAR!
Compensation for this individual shall be paid	to:	
☐ Claimant 1 ☐ Claimant 2 ☐ Claimant 3 ☐ Claimant 4		Please provide a specimen check in order to make the payment by direct deposit.
IMPORTANT:		
Provide a copy of proof of residence, as deta payments.	iled in <b>Appendix 3</b> , as well as a	a specimen check for direct deposit
2.4.8. Statement et signature		
IMPORTANT: Every claimant over the age of majority shall	complete and sign a statement	
I, the undersigned (in block letters):		
<ul> <li>hereby consent that the information contained Malartic GP or its associates to implement the the Acquisition of Properties in Malartic (the " compensation program and, if appropriate, identifiable statistics on the Guide's implement</li> </ul>	e Good Neighbour Guide on Im Guide") and, in particular, to (i) the value of such compensat	npact Mitigation and Compensation and determine my eligibility for the Guide's
<ul> <li>understand that any payment of compensation to the period covered by such compensation a</li> </ul>		
<ul> <li>confirm that any lengthy stay (e.g.: snowbirds the age of majority or a minor claimant outsid for which compensation is requested; and</li> </ul>		
state that the information contained herein and the attached supporting documents are true and complete. I understand that any fraudulent statement or false document will be subject to a penal complaint by Canadian Malartic GP and that Canadian Malartic GP shall be reimbursed for any amount paid on the basis of a false statement or a false document.		
	_	
Signature:	Date:	dd/mm/yyyy

# **SECTION 3: IDENTIFICATION OF MINOR CLAIMANTS**

# 3.1. MINOR CLAIMANT 1

3.1.1. Identification	
Last Name:	First Name:
Date of Birth:	_
dd/mm/yyyy	
Name of parents or legal tutor:	
Claimant 1 Claimant 2 Claimant 3	B Claimant 4
3.1.2. Custody type (if applicable)	
Exclusive	
Shared 50/50	
Other, specify:	
IMPORTANT:  Regardless of the type of custody, please have App the birth certificate, as detailed in Appendix 3.	pendix 7 completed by the other parent and enclose a copy of
3.1.3. Period of Residence at the Address for which check if the periods of residence are the same as:  Claimant 1 Claimant 2 Claimant 3	_
3.1.4. Compensation Payment instructions  Compensation for this child shall be paid to:	
Claimant 1 Claimant 2 Claimant 3	Claimant 4

### 3.2. MINOR CLAIMANT 2

3.2.1. Identification	
Last Name:	First Name:
Date of Birth:	<u> </u>
dd/mm/yyyy	
Name of parents or legal tutor:	
Claimant 2 Claimant 3	Claimant 4
3.2.2. Custody type (if applicable)  Exclusive	
Shared 50/50	
Other, specify:	
IMPORTANT:  Regardless of the type of custody, please have App the birth certificate, as detailed in Appendix 3.	pendix 7 completed by the other parent and enclose a copy of
3.2.3. Period of Residence at the Address for whi	ich Compensation is Sought
Check if the periods of residence are the same as:	
☐ Claimant 1 ☐ Claimant 2 ☐ Claimant 3	B
<b>3.2.4. Compensation Payment instructions</b> Compensation for this child shall be paid to:	
☐ Claimant 1 ☐ Claimant 2 ☐ Claimant 3	B

# 3.3. MINOR CLAIMANT 3

3.3.1. Identification	
Last Name:	First Name:
Date of Birth:	
dd/mm/yyyy	
Name of parents or legal tutor:	
	aimant 3
3.3.2. Custody type (if applicable)	
Exclusive	
Shared 50/50	
Other, specify:	
IMPORTANT: Regardless of the type of custody, please has the birth certificate, as detailed in Appendix 3.	ave <b>Appendix 7</b> completed by the other parent and enclose a copy of .
3.3.3. Period of Residence at the Address Check if the periods of residence are the same	
☐ Claimant 1 ☐ Claimant 2 ☐ Claimant 2	aimant 3 Claimant 4
3.3.4. Compensation Payment instructions Compensation for this child shall be paid to:	s ·
Claimant 1 Claimant 2 Claimant 2	aimant 3

# 3.4. MINOR CLAIMANT 4

3.4.1. Identification	
Last Name:	First Name:
Date of Birth:	<u></u>
dd/mm/yyyy	
Name of parents or legal tutor:	
-	
Claimant 1 Claimant 2 Claimant	3 Claimant 4
3.4.2. Custody type (if applicable)	
Exclusive	
Shared 50/50	
Other, specify:	
IMPORTANT:	
Regardless of the type of custody, please have Ap the birth certificate, as detailed in Appendix 3.	pendix 7 completed by the other parent and enclose a copy of
3.4.3. Period of Residence at the Address for wh	nich Compensation is Sought
Check if the periods of residence are the same as:	
☐ Claimant 1 ☐ Claimant 2 ☐ Claimant	3 Claimant 4
3.4.4. Compensation Payment instructions	
Compensation for this child shall be paid to:	
Claimant 1 Claimant 2 Claimant	3 Claimant 4



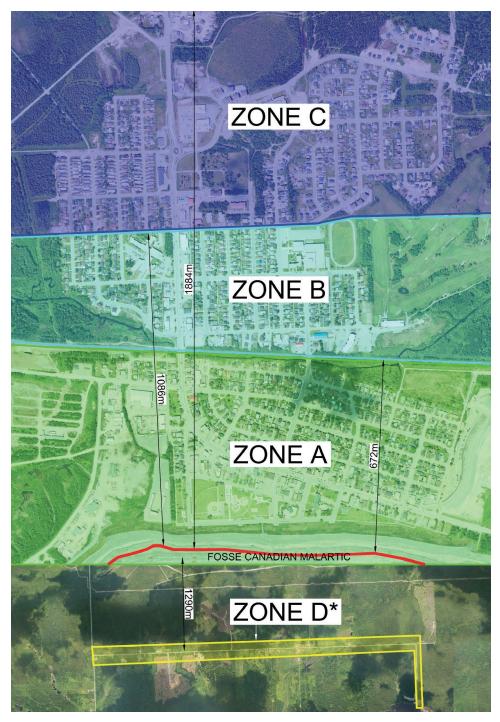
# **CHECKLIST**

Did you:
Provide, for all residents over the age of majority, a proof of residence for each address where they lived during the period?
Provide each adult occupant with a sample check in order to make the payment by direct deposit?
Have all claimants over the age of majority sign the statements?
Provide, in the case of joint custody or sole custody, the other parent's authorization in <b>Appendix 7</b> ?
Attach a document proving your status as a tutor or curator if you completed <b>Appendix 4</b> ?
Additional Information:



# **APPENDIX 2**

# **ZONES COVERED BY THE COMPENSATION**



<sup>\*</sup> FOR EXISTING RESIDENCES LOCATED ON CHEMIN DES MERLES IN RIVIÈRE-HÉVA.



# **APPENDIX 3**

# DOCUMENTS REQUIRED FOR ENROLLING IN THE COMPENSATION PROGRAM

Submit or send your completed forma long with a copy of the following documents:



### FOR OWNERS AND OCCUPANTS OF A PRINCIPAL RESIDENCE

Proofs of residence must cover the entire period.

- 1. Proof of ownership (for owners only):
  - Proof of residence from December 2025 (e.g. : Hydro-Québec, cable, telephone or pay stub).
- 2. Proof of residence (for occupants only):
  - Utility bills (e.g.: Hydro-Québec, insurance, cable, telephone) for January and December 2025.
  - Statement of account or pay statement.



### FOR APARTMENT TENANTS

Proofs of residence must cover the entire period.

### **Proof of residence accepted:**

- RL-31 slip (provincial income tax).
- Utility bills (e.g.: Hydro-Québec, insurance, cable, telephone) for January and December 2025.



### FOR RENTAL PROPERTY OWNERS

Proofs of residence must cover the entire period.

### **Title of Ownership:**

• 2025 Municipal tax bill.



### FOR DIRECT DEPOSIT PAYMENTS

In order to proceed with the payment of your compensation by bank transfer, please provide a specimen check or your complete bank details (transit number, institution number, and account number). This information is necessary to ensure the accuracy of the payment.

All information will be treated confidentially and used solely for the purpose of making the transfer.



### FOR CHILDREN UNDER 18 YEARS OF AGE

- Only a birth or adoption certificate will be accepted for minor claimants.
- No proof of residence is required for a child whose parents reside at the same address.
- Where either parent resides at an address other than the address indicated in Section 1 of the form, a document validating the minor claimant's place of residence shall be provided in the event of joint custody, for example. Please complete the Parental Authorization Form (**Appendix 7**).



# FORM FOR A CLAIMANT FOR A PROTECTED PERSON OF FULL AGE

# Identification of the tutor or curator for a protected person of full age

Last Name:	First Name:
Full Address:	
Telephone:	
Email Address:	
IMPORTANT:	
Attach a copy of the docume	ent providing your status as a tutor or curator.
Name of the protected person	on of full age:
Are you responsible for this	person's finances?
If you answered "No", pleas	e indicate to whom the cheque must be issued and the address:
Signature of the tutor or cur	ator:
Date :	
	dd/mm/yyyy

### **IMPORTANT:**

You must also complete and sign the Statement and Signature section of this form.

Please enclose a valid photo ID of the tutor or curator in addition to that of the claimant. You must also enclose a copy of the judgment certifying that you are the tutor or curator.



# **HOME ADDRESS**

Full Address:	Name of claimants:			
Period od Residence: from	ADDRESS 1			
You were:    Owner-occupier	Full Address:			
You were:    Owner-occupier	Period od Residence: from	to dd/mm/yyy dd/mm/yyyy		
Tenant Occupier (neither owner or tenant)  Residential Zone:  A B C D (chemin des Merles)  Name of claimant(s):  ADDRESS 2  Full Address:  Period od Residence: from to dd/mm/yyyy dd/mm/yyyy  You were:  Owner-occupier Non-occupant Owner  Tenant Occupier (neither owner or tenant)  Residential Zone:	You were:	у		
Residential Zone:  ABCDRESS 2  Full Address: Period od Residence: from dd/mm/yyyy  You were: Owner-occupier Tenant Non-occupant Owner Coccupier (neither owner or tenant)  Residential Zone:	Owner-occupier	Non-occupant Owner		
A B C D (chemin des Merles)  Name of claimant(s):  ADDRESS 2  Full Address:  Period od Residence: from to dd/mm/yyyy dd/mm/yyyy  You were:  Owner-occupier Non-occupant Owner  Tenant Occupier (neither owner or tenant)  Residential Zone:	Tenant	Occupier (neither owner or tenant)		
Name of claimant(s):  ADDRESS 2  Full Address:  Period od Residence: from  dd/mm/yyyy  You were:  Owner-occupier  Tenant  Non-occupant Owner  Coccupier (neither owner or tenant)  Residential Zone:	Residential Zone:			
ADDRESS 2  Full Address:  Period od Residence: from to dd/mm/yyyy dd/mm/yyyy  You were:  Owner-occupier Non-occupant Owner  Tenant Occupier (neither owner or tenant)  Residential Zone:	□ A □ B □ C □ D (	chemin des Merles)		
Full Address:  Period od Residence: from to dd/mm/yyyy dd/mm/yyyy  You were:  Owner-occupier Non-occupant Owner Tenant Occupier (neither owner or tenant)  Residential Zone:	Name of claimant(s):			
Period od Residence: from to dd/mm/yyyy  You were:  Owner-occupier Non-occupant Owner Tenant Occupier (neither owner or tenant)  Residential Zone:	ADDRESS 2			
You were:  Owner-occupier Tenant Occupier (neither owner or tenant)  Residential Zone:	Full Address:			
You were:  Owner-occupier Tenant Occupier (neither owner or tenant)  Residential Zone:	Period od Residence: from	to		
Owner-occupier Tenant Occupier (neither owner or tenant)  Residential Zone:		dd/mm/yyyy dd/mm/yyyy		
Tenant Occupier (neither owner or tenant)  Residential Zone:				
Residential Zone:	<u> </u>			
	Тепапс	Cocupier (neither owner or tenant)		
☐ A ☐ B ☐ C ☐ D (chemin des Merles)	Residential Zone:			
	□ A □ B □ C □ D (	(chemin des Merles)		
IMPORTANT:  Please enclose a proof of residence and/or ownership for each home address, as detailed in Appendix 3, depending on your status as a homeowner or tenant.	Please enclose a proof of reside			



### **LENGHTY STAYS OUTSIDE MALARTIC**

Please report all lengthy stays of more than thirty (30) consecutive days outside your residential zone (e.g.: students, travellers, snowbirds).

olay I.				
•	Brief description			Number of days
	fromdd/mm/yyyy	to		
	dd/mm/yyyy		dd/mm/yyyy	
Stay 2:				
	Brief de	escription		Number of days
	fromdd/mm/yyyy	to	dd/mm/uuu	
Stay 3:	Brief de	escription		Number of days
				·
	from	10	dd/mm/yyyy	



# **PARENTAL AUTHORIZATION**

Date:dd/mm/yyyy
l, the undersigned,
residing at
autorize:
the mother of my minor child or children,;
the father of my minor child or children,;
residing at
to request and receive the compensation under the Good Neighbour Guide on Impact Mitigation and Compensation and Property Acquisition in Malartic (the "Guide"), and to sign any agreement or discharge provided in the Guide, for child or children:
Child's Name:
Child's Name:
Child's Name:
Child's Name:
having resided at
from to dd/mm/yyyy dd/mm/yyyy
Custody type:
☐ Exclusive to the claimant parent ☐ Shared 50/50
Other, please specify:
Parent's signature:
Telephone:



### Release and Discharge Agreement: An agreement to be free and clear

By signing the Release and Discharge Agreement, you acknowledge that you have received compensation for any known damages and, in return, you agree not to institute any action against Canadian Malartic Mine with respect to those damages.

### RELEASE AND DISCHARGE AGREEMENT...

#### **IMPORTANT**

The Release and Discharge Agreement formalizes the transaction. As with any other agreement, it is important that you understand it well.

#### **VOLUNTARY**

The Release and Discharge Agreement is an agreement proposed by Canadian Malartic Mine. You are free to sign it in exchange for compensation.

### **FINAL**

In exchange for compensation, you waive your rights to institute any action for past mining operations and the damages covered by the Release and Discharge Agreement.

#### THE PAST

The Release and Discharge Agreement deals solely with past mining operations and not future mining operations. That is why it must be signed each year.

### **ANNUAL**

At the beginning of each year, you will have the option of signing the Release and Discharge Agreement in order to receive compensation for the previous year. An eligible citizen must sign a release within thirty (30) days after he or she, or a family member who is also a signatory to the release, has received it.

Your decision to sign and obtain compensation is always made after the compensation period.

### RELEASE AND DISCHARGE AGREEMENT

### WHAT'S INCLUDED

The Release and Discharge Agreement is for any and all known damage stemming from the mine's operations for the past compensation period.

### WHAT'S EXCLUDED

Damage that, at the time of the signing of the Release and Discharge Agreement, was not known or could not have reasonably been known to you.

# WHAT SHOULD YOU DO IF YOU THINK THAT ALL YOUR IMPACTS ARE GREATER THAN THE COMPENSATION OFFERED?

You can always refuse compensation (and thus the Release and Discharge Agreement) and seek other relief for the damages covered by this Release and Discharge Agreement.

It's normal to have questions about the Release and Discharge Agreement.

We encourage you to contact us so that we can discuss them with you.

### **CONTACT US:**



### **Community Relations Office**

1041, Royale Street, Malartic



819 757-2225, ext. 3425



rcommunautaires@agnicoeagle.com

