

**NOTICE OF OBJECTION**

**TO: SISKINDS LLP**

680 Waterloo Street  
PO Box 2520  
London, ON N6A 3V8

Attention: Nicole Young

Email: sinoforest@siskinds.com

**RE: SINO-FOREST CORPORATION — ERNST & YOUNG SETTLEMENT DISTRIBUTION  
PROTOCOL AND FEE HEARING**

I, \_\_\_\_\_ (please check all boxes that apply):  
(insert name)

- am a current shareholder of Sino –Forest Corporation
- am a former shareholder of Sino –Forest Corporation
- am a current noteholder of Sino –Forest Corporation
- am a former noteholder of Sino –Forest Corporation
- other (please explain)

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that pursuant to the order of Mr. Justice Morawetz dated October 23, 2013 (the “Order”), persons wishing to object to the Claims and Distribution Protocol or the Class Counsel Fees request are required to complete and deliver this Notice of Objection to Siskinds LLP by mail, courier or email to be received by no later than 5:00 p.m. (Eastern Time) on November 29, 2013

I hereby give notice that I object to the (please check all boxes that apply):

- Claims and Distribution Protocol
- Class Counsel Fee Request

for the following reasons (please attach extra pages if you require more space):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- I DO NOT intend to appear at the hearing of the motion to approve the Claims and Distribution Protocol and Class Counsel Fee Request, and I understand that my objection will be filed with the court prior to the hearing of the motion at 10:00 a.m. on December 13, 2013, at 330 University Ave., 8th Floor Toronto, Ontario.
  
- I DO intend to appear, in person or by counsel, and to make submissions at the hearing of the motion to approve the Claims and Distribution Protocol and Class Counsel Fee Request at 10:00 a.m. on December 13, 2013, at 330 University Ave., 8th Floor Toronto, Ontario.

**MY ADDRESS FOR SERVICE IS:**

**MY LAWYER'S ADDRESS FOR SERVICE IS (if applicable):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_