

PROOF OF CLAIM

IN THE MATTER OF AYR WELLNESS INC. **(the "Petitioner")**

ALL CAPITALIZED TERMS NOT OTHERWISE DEFINED HEREIN HAVE THE MEANINGS GIVEN TO THEM IN THE ENCLOSED CLAIMS PROCESS INSTRUCTION LETTER, INCLUDING APPENDIX "A" THERETO.

Please read the enclosed Claims Process Instruction Letter carefully prior to completing this Proof of Claim.

Please review the Claims Process Order, which is posted to the Monitor's Website at: <https://www.ksvadvisory.com/experience/case/AYR>.

1. Particulars of Claim

- a. Please complete the following (The name and contact information should be of the original Creditor, regardless of whether all or any portion of the Claim has been assigned).

Full Legal Name:	
Full Mailing Address:	
Telephone Number:	
Facsimile Number:	
E-mail address:	
Attention (Contact Person):	

- b. Has all or part of the Claim been assigned by the Creditor to another party?

Yes: ☐

No: ☐

2. Particulars of Assignee(s) (If any)

Please complete the following if all or a portion of the Claim has been assigned. Insert full legal name of the assignee(s) of the Claim. If there is more than one assignee, please attach a separate sheet with the required information.

Full Legal Name of Assignee:	
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Full Mailing Address of Assignee:	
Telephone Number of Assignee:	
Facsimile Number of Assignee:	
E-mail address of Assignee:	
Attention (Contact Person):	

3. Proof of Claim

I, _____ (name), of _____ (City and Province, State or Territory) do hereby certify that:

- ☐ I am a Creditor; or
- ☐ I am the _____ (state position or title) of _____ (name of corporate Creditor), which is a Creditor;
- I have knowledge of all the circumstances connected with the Claim referred to below;
- I (or the corporate Creditor, as applicable) have a Claim against the following persons _____ (Director(s) or Officer(s)) as follows:

CLAIM: \$ _____ (insert amount of Claim)

4. Nature of Claim

Name of the Director(s) and/or Officer(s)	Currency	Security (Yes/No)	Amount of the Pre-Filing Claim	Amount of the Restructuring Claim

(Check and complete appropriate category. Give full particulars of the security in an appendix, including the date on which the security was obtained, and attach a copy of any security documents.)

Note: Claims should be submitted in Canadian Dollars, converted using the applicable exchange rate on November 17, 2025. Claims submitted in a currency other than Canadian Dollars will be converted to Canadian Dollars as at that date.

5. Particulars of Claims

Please attach details concerning the particulars of the Creditor's Claims, including the identity of each Director and/or Officer against whom the Claim is asserted, as well as any security held by the Creditor.

(Provide all particulars of the Claims and supporting documentation, including the amount, description of transaction(s) or agreement(s) giving rise to the Claims, name of any guarantor which has guaranteed the Claims, amounts of invoices, and the basis for such Claim, including, if applicable, reference to any relevant statutory or other authority.)

6. Filing of Claims

This Proof of Claim must be received by the Monitor by no later than 5:00 p.m. (Vancouver time) on March 16, 2026 in respect of a Pre-Filing Claim (the "Claims Bar Date"), or in the case of a Restructuring Claim, the date, if such date is later than March 16, 2025, that is thirty (30) days after the date on which the Monitor sends a Claims Package (the "Restructuring Claims Bar Date"),

IN ACCORDANCE WITH THE TERMS OF THE CLAIMS PROCESS ORDER, THE FAILURE TO FILE YOUR PROOF OF CLAIM BY THE APPLICABLE CLAIMS BAR DATE OR THE RESTRUCTURING CLAIMS BAR DATE WILL RESULT IN YOUR CLAIM BEING FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST THE PETITIONER'S DIRECTORS AND OFFICERS.

This Proof of Claim must be delivered by prepaid registered mail, personal delivery, e-mail, or courier at the following addresses:

KSV Restructuring Inc.
 Court-appointed Monitor
 Suite 1165, 324 – 8th Avenue SW
 Calgary, AB T2P 2Z2
 Attention: Ross Graham
 Telephone: 587.287.2750
 Email: rgraham@ksvadvisory.com

DATED this _____ day of _____, 2026.

Witness:

Per: _____

Print name of Creditor:

*If Creditor is other than an individual, print
name and title of authorized signatory*

Name: _____

Title: _____