

**Must Be Postmarked
No Later Than
September 15, 2010**

**NovaGold Resources Inc. Securities Litigation
c/o The Garden City Group, Inc.
PO Box 9299
Dublin, OH 43017-4699
1(866) 887-1306**



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

YOU MUST COMPLETE THIS CLAIM FORM BY SEPTEMBER 15, 2010 TO BE ELIGIBLE TO SHARE IN THE C\$28 MILLION SETTLEMENT.

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SECTION A - CLAIMANT INFORMATION

Claimant Full Name(s):

Account Number: (not required)

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including mailing the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Street Address:

City:

State and Zip Code:

Country:

Daytime Telephone Number: () -

Evening Telephone Number: () -

Email Address:
(PRINT ONLY)

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NOTICE REGARDING ELECTRONIC FILES: Claims with 50 or more transactions, or on behalf of 10 or more different accounts should be submitted electronically and in the required format. To obtain the electronic filing requirements and file layout, you may visit the website at www.gardencitygroup.com or you may e-mail the Claims Administrator at eClaim@gardencitygroup.com. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received.



SECTION B - SCHEDULE OF TRANSACTIONS IN NOVAGOLD COMMON STOCK ON THE AMEX

1. **BEGINNING HOLDINGS:** Number of shares of NovaGold common stock held as of the beginning of trading on **October 25, 2005**. (If none, write "zero" or "0") (If other than zero, must be documented).
2. **PURCHASES/ACQUISITIONS:** List (in chronological order) all purchases/acquisitions of NovaGold common stock made on or after **October 25, 2005** to and including **January 16, 2008**, inclusive, (must be documented).

Date(s) of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase Price (Excluding commissions, transfer taxes, or other fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

3. **PURCHASES:** Please list the number of shares of NovaGold common stock purchased between **January 16, 2008 and April 14, 2008**, inclusive.
4. **SALES:** List (in chronological order) all sales of NovaGold common stock made on or after **October 25, 2005** to and including **April 14, 2008**, inclusive, (must be documented).

Sale Date(s) (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share	Total Sale Price (Excluding commissions, transfer taxes, or other fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

5. **ENDING HOLDINGS:** Number of shares of NovaGold common stock held at the close of trading on **April 14, 2008**. (If none, write "zero" or "0") (If other than zero, must be documented).

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



SECTION C - SCHEDULE OF TRANSACTIONS IN NOVAGOLD COMMON STOCK ON THE TSX

1. **BEGINNING HOLDINGS:** Number of shares of NovaGold common stock held as of the beginning of trading on **October 25, 2005**. (If none, write "zero" or "0") (If other than zero, must be documented).
2. **PURCHASES/ACQUISITIONS:** List (in chronological order) all purchases/acquisitions of NovaGold common stock made on or after **October 25, 2005** to and including **January 16, 2008**, inclusive, (must be documented).

Date(s) of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase Price (Excluding commissions, transfer taxes, or other fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

3. **PURCHASES:** Please list the number of shares of NovaGold common stock purchased between **January 16, 2008 and April 14, 2008**, inclusive.
4. **SALES:** List (in chronological order) all sales of NovaGold common stock made on or after **October 25, 2005** to and including **April 14, 2008**, inclusive, (must be documented).

Sale Date(s) (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share	Total Sale Price (Excluding commissions, transfer taxes, or other fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

5. **ENDING HOLDINGS:** Number of shares of NovaGold common stock held at the close of trading on **April 14, 2008**. (If none, write "zero" or "0") (If other than zero, must be documented).

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX
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REMINDER CHECKLIST

1. Please sign the Release Section of the Proof of Claim Form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents.
4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.
5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 30 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 30 days, please call the Claims Administrator toll free at **1(866) 887-1306**.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Proof of Claim and Release form or supporting documentation.**

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN
SEPTEMBER 15, 2010 AND MUST BE MAILED TO:

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