

LEXINGTON GOLD LTD.

(incorporated and registered in Bermuda)

Exempt Company Number 33385

PROXY FORM

IF YOU ARE A DEPOSITARY INTEREST HOLDER

YOU SHOULD USE A FORM OF INSTRUCTION TO VOTE

To be valid this Proxy Form should be submitted by 10.00 a.m. (UK Time) on Friday, 8 July 2022 to Computershare Investor Services PLC, The Pavilions, Bridgwater Road, Bristol BS99 6ZY, United Kingdom or submitted by email to: #UKCSBRSProxy.Processing@computershare.co.uk.

I/We _____

of _____

being a shareholder(s) of Lexington Gold Ltd. (the "Company") and entitled to _____ shares in the Company

hereby appoint _____

of _____

or failing him/her _____

of _____

or failing him/her the Chairman of the meeting as my/our proxy to vote for me/us and on my/our behalf at the Annual General Meeting of the Company to be held at Clarendon House, 2 Church Street, Hamilton, Bermuda HM11on Monday, 11 July 2022 at 10.00 a.m. (Bermudan Time), and at any adjournment thereof in respect of _____ of my/our shares or, failing any number being specified, **ALL** of my/our shares in the Company.

If two proxies are appointed, the proportion of voting rights this proxy is authorised to exercise is _____ %. (An additional Proxy Form will be supplied by the Company or Computershare Investor Services PLC on request).

If you wish to indicate how your proxy is to vote, please tick the appropriate boxes below. If no indication is given on a particular Resolution, the proxy may abstain or vote at his/her discretion.

In relation to undirected proxies, the Chairman of the Meeting intends to vote in favour of all the Resolutions.

I/We direct my/our proxy to vote as indicated below.

Resolution	For	Against	Abstain
1. Re-election of Mr. Bernard Olivier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Re-appointment of Auditor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Disapplication of pre-emption rights and authority to issue new Common Shares for non-cash and cash consideration (general authorities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As witnessed by my/our hand/s this _____ day of _____ 2022

If an individual:

SIGNED by _____)
_____)

in the presence of:

Name (Printed)

Witness

Name (Printed)

If a company:

EXECUTED by _____)
in accordance with its _____)
constitution _____)

Director

Director/Secretary

Name (Printed)

Name (Printed)

If by power of attorney:

SIGNED for and on behalf of _____)
_____)
by _____)
_____)

Signature of Attorney

under a Power of Attorney dated _____ and who)
declares that he/she has not received any revocation of such Power)
of Attorney in the presence of _____)

Signature of Witness