

Registered Name in which account is held (e.g. John Smith)

EITQ

Reinvestment Enrollment - Participant Declaration Form

A – PARTICIPANT DECLARATION

I/We, the account holder(s) named above, hereby certify as follows:

1) Date of Birth: _____ Day Month Year Principal Business or Occupation: _____
(e.g. cashier, student, retired, accounting firm)

2) Date of Birth: _____ Day Month Year Principal Business or Occupation: _____
(e.g. cashier, student, retired, accounting firm)

and that the account holder is **(Check the appropriate account holder status box, if applicable):**

a Corporation, Trust, Partnership, or an unincorporated Fund or Organization
(Required documents enclosed, as applicable)

a Financial Entity or Securities Dealer and is exempt from Third Party Determination in Section B below. **(Proceed to part C)**

B – THIRD PARTY DETERMINATION – Check one of the two boxes below. If the second box is marked, you must provide the information

This account is not intended to be used by, or on behalf of, a 3rd party.

This account is intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below.

Name of 3rd party: _____

Address of 3rd party: _____

Date of Birth of 3rd party (if an individual): _____

Nature of Principal Business or Occupation of 3rd party: _____

If 3rd party is a Corporation, provide incorporation number and place of issue: _____

Describe relationship between account holder and 3rd party, in respect of the account: _____

C – ENROLLMENT PARTICIPATION

I wish to participate in Full Reinvestment. All dividends/distributions payable on all eligible holdings now held and any future holdings in this account will be reinvested including optional cash purchases.

Important Note: In order to make an optional cash contribution, your account must first comply with Federal Anti-Money Laundering and Terrorist Financing Legislation. Please review the instructions provided in the Optional Cash Purchase/Payment – Participant Declaration Form and comply as applicable.

By participating in the plan, I/we confirm that I/we have read, fully understand and agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I/We agree that participation in the plan will continue until I/we notify Computershare in writing that I/we desire to terminate participation. I/We acknowledge that withdrawals from the plan will be subject to the terms and conditions of the prospectus or brochure that governs the plan. I/We also confirm the completeness and accuracy of the information I/we have provided in this Reinvestment Enrollment – Participation Declaration form.

To be valid, this form must be signed by all registered account holder(s) or applicable authorized individual(s). If you do not sign and return this form, you will continue to receive dividend/distribution payments in cash.

Signature 1 - Please keep signature within the box

Signature 2 - Please keep signature within the box

Day Month Year

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Privacy Notice

Computershare is committed to protecting individuals' personal information. In the course of providing our services, we receive non-public personal information - from transactions we perform for investors, forms sent to us, other communications we have with investors or representatives, etc. This information could include name, address, social insurance number, social security number, securities holdings and other financial information. We use this to administer investor accounts, to better serve investors' and clients' needs and for other lawful purposes relating to our services. We have prepared a Privacy Code to tell you more about our information practices and how personal information is protected. It is available at our website, www.computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario, M5J 2Y1.

Please return completed form to:

Computershare, 9th Floor, 100 University Ave, Toronto Ontario M5J 2Y1

Use a black or blue pen. Print in CAPITAL letters inside the grey areas as shown in this example.

A B C

1 2 3

X



9th Floor, 100 University Avenue
Toronto, Ontario M5J 2Y1
Telephone 1-800-564-6253
www.computershare.com

Please complete the information fields below (print clearly) in full

Name of Reinvestment Company Plan

Holder Account Number

Registered Name in which account is held (eg. John Smith)

Apt.

Street Number

Street Name

City

Prov. / State

Postal / Zip Code

Optional Cash Purchase (OCP) - Participant Declaration Form

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* and the Regulations made thereunder (collectively, the "Act") require that Computershare collect and record specified information and take other compliance measures on new or existing participants who elect to purchase additional securities under the reinvestment plan. **Please read the instructions below before completing the form on the reverse.**

INSTRUCTIONS

The Act requires Computershare to verify the identity of plan account holders or their representatives. To do this, (i) we require that you provide a 'cheque' (personal or certified; min. \$1.00, non-refundable) with a current home address that will clear through a Canadian financial institution or a Canadian branch of a foreign bank authorized under the Bank Act (Canada); and (ii) we will attempt to verify the personal information that you have provided to us by conducting a search through a credit reporting service, which will base its report on your Canadian credit history. If you don't think you have a Canadian credit history of at least 6 months duration or do not consent to such a search, please contact our National Customer Contact Centre at the telephone number above before submitting this form. **Note:** Cheque(s) should be made payable to Computershare. A joint 'cheque' is acceptable, provided one of the names is the account holder.

Please complete this form in FULL if you are making an OCP **AND** have not previously submitted an OCP Declaration for this account. Once you have satisfied the requirements, Computershare will code your account as "Compliant". Further OCP's simply require a valid payment and completion of part **D – OPTIONAL CASH PURCHASE** only.

Part A – PARTICIPANT DECLARATION – If a plan account is registered to:

- 1) **an individual over age 12 or account held in more than one name** - each must complete their Date of Birth and Principal Business or Occupation. Payment may be made by either:
i) a 'cheque' for the total OCP drawn from a bank account in the name of all such individuals, or ii) a separate 'cheque' from each individual which together total the OCP amount.
- 2) **a child under age 12** – complete Date of Birth and indicate "Student" or "Child" in the Principal Business or Occupation field. A Parent or Legal Guardian must provide a 'cheque' (min. \$1.00), and also write his/her Date of Birth on line 2, in order that we may conduct the search described above. Mark applicable account holder status box.
- 3) **a Corporation, Trust, Partnership, or an unincorporated Fund or Organization** – This form must be completed and signed by the individual(s), not more than 3, who will be authorized to give instructions for the account. Each individual must provide their Date of Birth and a 'cheque' (min. \$1.00). Principal Business or Occupation is NOT required. As space on the front of this form is limited to 2 holder declarations and signatures, photocopies of this form may be made if required.

In addition, mark applicable account holder status box, and:

- For a Corporation, we require (i) a copy of its records relating to the authority to operate this account (e.g., excerpts of articles, by-laws and/or board resolutions); (ii) either a certificate of corporate status and a list of directors or another record that confirms its existence and includes a list of its directors (e.g., a filing under securities laws); and (iii) the occupation of each of its directors.
- For a Trust, Partnership, or an unincorporated Fund or Organization, complete Principal Business or Occupation of the entity. Also, we require a copy of its partnership agreement, articles of association or other document that evidences the entity's existence.

Part B – THIRD PARTY DETERMINATION

Check one of the two boxes provided with regard to any third party interest in the account, and fill in the additional fields if required, including a description of the relationship. For example, are you an agent, custodian, attorney, or legal guardian, or otherwise holding the account on behalf of a spouse, relative, business partner or friend?

Part C – POLITICAL PERSON DETERMINATION

Computershare is required to determine if account holders currently hold or have previously held a foreign political position or are related to a political person, past or present. You must check one of the two boxes provided and complete the additional fields if applicable.

Part D – OPTIONAL CASH PURCHASE

OCP instructions and investment details are also included on the reverse. Complete the \$ amount and ensure you have a valid payment. Your Social Insurance (SIN), Driver's License and Province of Issue and/or Home Phone Number may improve our ability to verify your identity. Due to limited space, there is only room for 2 numbers. Please sign and date the form to confirm your understanding of the terms and conditions of the plan and to consent to identity search through the credit reporting service. If you do not consent to the latter, please be sure to contact us at the telephone number at the top of the form. If you are an entity, you must provide certification and information regarding ownership (direct or indirect).

