COMINAR				9tl	Computershare h Floor, 100 University Avenue Toronto, Ontario M5J 2Y1 Telephone 1-800-564-6253 www.computershare.com
Use a <u>black</u> or <u>blue</u> pen. Pr CAPITAL letters inside the areas as shown in this examp Please complete the information	grey ABC	1 2 3 X	Holder Account N	Number	
Registered Name in which ac					
Apt.	Street Number	Street Name			
City			Pro	ov. / State	Postal / Zip Code

Reinvestment Enrollment - 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 Trust Company of Canada collect and record specified information on accounts it opens for individuals or entities under a Plan. Please read Instructions below before completing the Reinvestment Enrollment - Participant Declaration Form on the reverse.

INSTRUCTIONS

In order that Computershare may comply with its legal obligations under the Act, this declaration and enrollment form must be completed in full and signed by all registered holder(s). Otherwise Computershare cannot process your enrollment.

Part A – PARTICIPANT DECLARATION

If a plan account is registered to:

1) an individual account holder or more than one holder - each individual must complete their Date of Birth and Principal Business or Occupation.

- a Corporation it <u>must</u> mail or hand-deliver this declaration and enrollment form along with a copy of its official corporate records relating to the authority to operate this account. Neither Date of Birth nor Principal Business or Occupation is required to be completed. Mark the applicable account holder status box.
- 3) a Trust, Partnership, or an unincorporated Fund or Organization Complete the field for Principal Business or Occupation. Date of Birth is not required to be completed. Mark the applicable account holder status box.

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.

Part B – THIRD PARTY DETERMINATION

In order that Computershare may comply with its legal obligations under the Act, you must 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 - ENROLLMENT PARTICIPATION

This section must be completed to process your request for enrollment.

Registere	d Name in which	account is	held (e.g. Jo	hn Smith)	
					NARQ
Reinv	/estment	Enrol	lment -	Participa	ant Declaration Form
A – PA	RTICIPANT	DECLA	RATION		
I/W	e, the account ho	older(s) nan	ned above, h	ereby certify as t	follows:
1)[Date of Birth:	Day	Month	Year	Principal Business or Occupation:
2) [Date of Birth:		monar	Tour	Principal Business or Occupation:
,		Day	Month	Year	(e.g. cashier, student, retired, accounting firm)
and	I that the account	t holder is (Check the a	opropriate acco	ount holder status box, if applicable):
	a Corporation, T (Required docu				a Financial Entity or Securities Dealer and is exempt from Third Party Determination in Section B below. (Proceed to part C)
B – TH	IRD PARTY	DETER	MINATIO	N – Check one	e of the two boxes below. If the second box is marked, you must provide the information
	This account i intended to be			This account is in	intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below.
	by, or on beha	, or on behalf of, a	I	Name of 3rd par	rty:
	oru party.			Address of 3rd p	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 securities now held or any future holdings in this account will be reinvested.

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

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: