

Dividend Reinvestment / Stock Dividend Enrollment 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, accountant)

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

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

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

B – PLAN SELECTION

Make Plan Type selection below. **Select One Plan Only.**

Dividend Reinvestment Plan Stock Dividend Program

C – PARTICIPATION ELECTION

Make a Participation selection below. **Select One Option Only.**

Full Participation
Please mark this box if you wish to be enrolled in Full participation. All dividends/distributions that become payable on all eligible securities now held and any future holdings in this account will be either reinvested or paid in the form of additional securities.

Partial Participation
Please mark this box and select the number of whole securities you wish to have dividends/distributions reinvested or paid in the form of additional securities on eligible holdings. The dividend/distribution on all remaining securities or any future holdings will be paid in cash.

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This form must be received by Computershare no later than 5 business days immediately preceding a declared dividend/distribution record date in order to take effect on the dividend/distribution payment date for that payment.

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 and in accordance with the rules of the plan, 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 form.

The undersigned hereby revokes any Notice previously delivered to Computershare.

To be valid, this Notice must be signed by all registered account holder(s) or applicable authorized individual(s).

If you do not check any of the above boxes, sign and return this Notice, you will continue to receive dividend payments in cash.

Signature 1 - Please keep signature within the box

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Signature 2 - Please keep signature within the box

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Day Month Year

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Daytime Telephone Number (optional)

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Privacy Notice

Computershare is committed to protecting your personal information. In the course of providing services to you and our corporate clients, we receive non-public personal information about you - from transactions we perform for you, forms you send us, other communications we have with you or your representatives, etc. This information could include your name, address, social insurance number, securities holdings and other financial information. We use this to administer your account, to better serve you and our clients' needs and for other lawful purposes relating to our services. Some of your information may be transferred to servicers in the U.S.A. for data processing and/or storage. We have prepared a *Privacy Code* to tell you more about our information practices, how your privacy is protected and how to contact our Chief Privacy Officer. It is available at our website, computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario, M5J 2Y1. Computershare will use the information you are providing in order to process your request and will treat your signature(s) as your consent to us so doing.

Please return completed form to:

Computershare, 8th Floor, 100 University Ave, Toronto Ontario M5J 2Y1