

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

A B C

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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

C

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

Apt.

Street Number

Street Name

City

Prov. / 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.
- 2) **a Corporation** – it **must** 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 – ENROLLMENT PARTICIPATION

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

# Reinvestment Enrollment - Participant Declaration Form

## A – PARTICIPANT DECLARATION

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

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

2) Date of Birth: \_\_\_\_\_ Principal Business or Occupation: \_\_\_\_\_  
Day Month Year (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

## B – 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

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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](http://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, 9<sup>th</sup> Floor, 100 University Ave, Toronto Ontario M5J 2Y1