

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



8th Floor, 100 University Avenue
Toronto, Ontario M5J 2Y1
Telephone 1-800-564-6253
www.investorcentre.com

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

Name of Reinvestment Company Plan

[Empty box for Name of Reinvestment Company Plan]

Holder Account Number

C [Empty box for Holder Account Number]

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

[Empty box for Registered Name]

Apt.

Street Number

Street Name

[Empty box for Apt., Street Number, and Street Name]

City

Prov. / State

Postal / Zip Code

[Empty box for City, Prov. / State, and Postal / Zip Code]

Optional Cash Purchase (OCP) - Participant Declaration Form (US/International Residents)

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 representative. Please complete this form in FULL if you are making an OCP **AND** have not previously submitted an OCP Declaration for this account. Arrange for completion of the enclosed AGENT/MANDATORY CERTIFICATION form by a lawyer, an accredited accountant or an authorized bank officer at a reputable and internationally known firm/bank. The agent/mandatory must verify your original identity documentation such as a birth certificate, passport or driver license and duly complete and sign the form. Once completed, please mail the Participant Declaration form and Agent/Mandatory Certification form along with your valid optional cash payment(s) (Note: no cash, money order, bank drafts or wires) to our Toronto office. 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.
- 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 write his/her Date of Birth on line 2. Mark applicable account holder status box.
Note: The Agent/Mandatory certification form must identify the Parent or Legal Guardian, not the child.
- 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. 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. You must confirm your understanding of the terms and conditions of the plan. If you are an entity, you must provide certification and information regarding ownership (direct or indirect). Sign and date the form.

Optional Cash Purchase (OCP) - Participant Declaration Form (US/International Residents)

Please complete the front of this form as well as the fields below.

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) a Financial Entity or Securities dealer and is exempt from Third Party Determination in Section B below. (Proceed to part C) under age 12. A valid Agent/Mandatory Certification is enclosed.

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 and 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 – POLITICAL PERSON DETERMINATION – Check one of the two boxes below. If the second box is marked, you must provide the information

Neither I/we nor, to my knowledge, a relative* of mine, holds or has ever held any of the following positions in or on behalf of a country other than Canada:
 a head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attaché or counsellor; a military general (or higher rank); a president of a state owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature.

The left statement is NOT true. The position held by me/us or my relative is/was: _____ in the country of: _____ and the source of the funds for this OCP payment is: _____

(Provide additional information on a separate page if required.)

*Relative includes: a parent, child, spouse or common-law partner, his or her parent, brother, sister, half-brother or half-sister.

D – OPTIONAL CASH PURCHASE

Please make your cheque payable to Computershare. No cash, wires, money orders or bank drafts. No third party cheques will be accepted until your account is compliant. Please write your Holder Account Number and the Reinvestment Plan Company Name on your cheque.

Attached is/are a cheque(s) for
 Please ensure you adhere to the appropriate Plan Minimum/Maximum \$

\$, .

Please ensure your payment and form is submitted well in advance of the Optional Cash Purchase deadline for your Reinvestment Plan to allow for timely processing.

Please note: No interest will be paid on the funds held pending purchase. Cheques must be current dated. Notification of receipt of cheques will not be mailed to you.

CONFIRMATION and CONSENT:

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 also confirm the completeness and accuracy of the information I/we have provided in this Optional Cash Purchase (OCP) - Participant Declaration form.

Further, the signatory(ies), if signing on behalf of an entity, certify that either (i) no individuals own or control, directly or indirectly, 25% or more of the entity; or (ii) submitted with this form is a list of all individuals (with addresses and occupations) who own or control, directly or indirectly, 25% or more of the entity.

To be valid, this form must be signed by all registered account holder(s) or applicable authorized individual(s). Otherwise, your OCP will not be processed and will be returned.

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 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. We will use your social insurance number for income reporting. We may also ask for your SIN as an identification-security measure if you call or write to request service on your account; however you may decline this usage. Computershare will use the information you are providing in order to process your request and will treat your submission of this form as your consent to us so doing.

Please return completed form to:

Computershare, 8th 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.

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Apt. Street Number Street Name

[Grey box for Apt. Street Number Street Name]

City Prov. / State Postal / Zip Code

[Grey box for City Prov. / State Postal / Zip Code]

AGENT/MANDATARY CERTIFICATION

To: Computershare Trust Company of Canada and Computershare Investor Services Inc. (collectively, "Computershare")

In the matter of:

Registered Account Name(s): _____

Account Number (i.e. C000XXXXXXX) _____

RE: Intent of Accountholder to make Optional Cash Purchases.

I, _____ (name),

a lawyer / accountant / authorized bank officer (please circle one) with the firm/bank of _____, have agreed to act as agent or mandatary for Computershare solely for the purpose of enabling it to comply with its client identification obligations under Canadian federal law, specifically the *Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations*.

I hereby certify that I have referred to the original: (please check applicable box)

birth certificate; or passport driver's license

other government-issued identity document (please specify) _____

1. Name of accountholder or authorized individual _____

Document reference number _____

Place of issuance _____

Expiry date of document _____
MM/DD/YYYY

2. Name of accountholder or authorized individual _____

Document reference number _____

Place of issuance _____

Expiry date of document _____
MM/DD/YYYY

Dated this _____ day of _____, 20_____.

[Signature box]

Signature of Agent or Mandatary