

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: _____

☐ Full Reinvestment

Full Reinvestment
Please mark this box if you 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.

☐ Partial Reinvestment

Please mark this box and select the number of whole shares\units you wish to have dividends\distributions reinvested on eligible holdings. The dividend\distribution on all remaining shares\units or any future holdings, will be paid in cash.

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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

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Signature 2 - Please keep signature within the box

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