



SECURITIES TRANSFER FORM

(IRREVOCABLE STOCK POWER OF ATTORNEY)

FOR VALUE RECEIVED, the undersigned hereby sell(s), assign(s) and transfer(s) unto:

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(Insert Social Insurance Number or Taxpayer Identification Number of Transferee)

_____ registered in the names(s) of:

on the books of _____

represented by _____ and hereby irrevocably

constitutes and appoints Odyssey Trust Company as the attorney of the undersigned to transfer the said securities with full power of substitution in this matter.

Dated: _____

Signature Guaranteed by:	Signature(s) of securityholder:

The signature of this assignment must correspond with the name as written upon the face of the attached securities certificate or DRS statement/advice in every particular without alteration or enlargement, or any change whatsoever, and must be signature guaranteed by a member of a recognized Medallion Signature Guarantee Program (STAMP, SEMP or MSP) or a Canadian Schedule I bank (BNS or TD only). Where the signature guarantee is from a Schedule I bank, if the securities are registered in the name of a corporation, limited company or sole proprietorship, a current resolution of the directors must be provided confirming the authorized signing officer(s); other legal entities must provide proof of authority to sign.

PRIVACY NOTICE: At Odyssey Trust Company, we take your privacy seriously. In providing services to you and securities Issuers, we receive non-public, personal information about you. We receive this information through transactions we perform for you and through other communications with you. We may also receive information about you by virtue of your transactions with affiliates of Odyssey Trust Company or other parties. This information may include your name, address, social insurance number, securities ownership information and other financial information. With respect to both to current and former securityholders, Odyssey Trust Company does not share non-public personal information with any non-affiliated third party except as necessary to process a transaction, service your account or as permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you, and we maintain physical, electronic and procedural safeguards to protect your personal information. Odyssey Trust Company realizes that you entrust us with confidential personal and financial information and we take that trust very seriously. A complete copy of our Privacy Code may be accessed at www.odysseytrust.com or you may request a copy in writing to 323 – 409 Granville St, Vancouver, BC, V6C 1T2.



Transfers to US Residents or US Taxpayers
Cost Basis Information Required

If a securities transfer request involves a transfer to one or more US residents or US taxpayers, we require additional information about the transfer. Where no information is provided, we are required to treat the transfer as a gift and will reflect this information on the securities issued as at the date we receive the transfer request.

Please indicate the reason for the transfer below and provide the cost basis information that we are required to maintain in accordance with IRS Regulations. The completed form must be submitted with the transfer request:

This transfer is a **Gift**.

Date of Gift	
Fair Market Value	

This transfer is an **Inheritance** due to the death of the registered owner.

Date of Death	
Valuation of Shares	

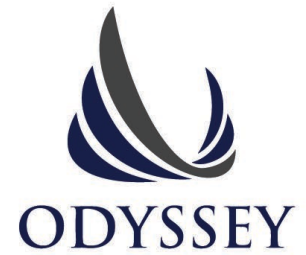
This transfer is a **Private Sale**.

Acquisition Date	
Purchase Price	

Brokerage firms and other financial institutions that are submitting a request:

1. To **deposit** securities of a US resident or US taxpayer are reminded to provide a Transfer Control Number and Holder Account Number that we can reference when providing the cost basis information for the securities being deposited within 15 days of the transfer; OR
2. To **withdraw** securities are reminded to provide the cost basis information if the new securityholder is a US resident or US taxpayer so that we can maintain this information on our records and pass it on as required.

If transfer is no change in beneficial ownership, please certify as such, and cost basis will be handled accordingly.



CREDIT CARD PAYMENT - AUTHORIZATION FORM

TRANSFER REQUEST

Please note that fees will be charged based on our current Transfer Activity Fee Schedule. For a detailed quote of the fees that will be charged for your transfer request, please submit a request at www.odysseycontact.com in advance of submitting the request.

DATE:

TYPE OF CREDIT CARD:

NAME ON CARD:

CARD NUMBER:

CVV NUMBER (3 DIGIT NUMBER ON BACK OF CREDIT CARD):

EXPIRY DATE:

BILLING ADDRESS:

EMAIL ADDRESS:

NOTES:

AUTHORIZED CARD HOLDER SIGNATURE