

DECLARATION OF TRANSMISSION

(For use in province of Quebec only)

IN THE MATTER OF THE ESTATE OF

(Full name of Deceased) herein referred to as the "Deceased"

I / WE

Full name(s) of the Liquidators(s) or Trustee(s)	Full and address(es) of the Liquidators(s) or Trustee(s)

herein called the "Personal Representative(s)"

In my/our capacity as (all) the liquidator(s)/trustee(s) of the succession of the late _____
Full Name of the Deceased

DO SOLEMNLY DECLARE THAT:

The Deceased, _____, died on the _____ day of _____,
Social Insurance Number _____ Day _____ Month, Year _____

at _____
Place

and at the date of death was domiciled at _____
Address

DEATH CERTIFICATE ENCLOSED

The Deceased: Was never married		Date of Marriage: (dd/mm/yyyy)	
Was married to _____			
Province/Territory marriage was celebrated:	Is there a marriage contact? Yes * If yes, a notarial or certified copy of the latest copy is required No	Matrimonial Regime: Separate as to Property Community of Property Was a Widower/Widow Partnership of Acquests Was Divorced Date of Divorce: (dd/mm/yyyy)	
The Deceased left:			
A last will and testament, in notarial form, executed before MTRE _____, Notary, under his/her minute number _____, on _____ (dd/mm/yyyy)			
A last will and testament, not in notarial form, made in the presence of witnesses or holograph form dated probate of which was granted by the Superior Court of _____ on _____ District _____ (dd/mm/yyyy) under number _____ which last will and testament was not revoked or modified, except as hereinafter stated: _____ Provide information regarding any codicil(s), including date, probate details or notary/minute number, as the case may be			
No will, leaving the following successor(s), being the only potential heir(s) to the knowledge of the undersigned according to the law regarding legal devolution of successions (intestacies): _____			

Recorded in the name of _____,

Name of the Registered Securityholder

who is one and the same person as the Deceased, on the books of:

Corporation, Municipality, Government, or other issuer of securities (the "Issuer")

AMOUNT Of shares or principle amount of the securities	CERTIFICATE OR SERIAL NUMBER(S) (Indicate DRS if securities are held electronically)	DESCRIPTION (Includes class of shares and par value, if any, rate and maturity of bonds, debentures, or other securities)

That the deceased and the person recorded on the books of the Issuer and named in the aforementioned securities are one and the same. That by virtue of the foregoing and in accordance with the supporting documents (will, death certificate, etc.) the above assets are to be transferred to:

TRANSFeree(ES)

Full name(s) of the Transferee(s)

Full and address(es) of the Transferee(s)

DECLARANTName
(print)

Signature

Date
(dd/mm/yyyy)**SWORN BEFORE ME**

At _____

Commissioner of Oaths: _____

Province of _____

District: _____

this _____ day of _____

DECLARANTName
(print)

Signature

Date
(dd/mm/yyyy)**SWORN BEFORE ME**

at _____

Commissioner of Oaths: _____

Province of _____

District: _____

this _____ day of _____

PRIVACY NOTICE: At Odyssey Trust Company, we take your privacy seriously. In the course of providing services to you 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, social insurance number, stock/unit ownership information and other financial information. With respect to both to current and former securityholders, Odyssey Trust Company does not share nonpublic 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. By providing your personal information to us and signing this form, we will assume, unless we hear from you to the contrary, that you have consented and are consenting to this use and disclosure. A complete copy of our Privacy Code may be accessed at www.odysseytrust.com or you may request a copy in writing to 350 – 300 5th Ave SW, Calgary, AB, T2P 3C4.