

Reinvestment Enrollment Participant Declaration Form

NAME AND ADDRESS OF ACCOUNTHOLDER

Name(s) of Accountholder(s)	
Issuer Name, and Account Number (if known):	
Street Address	Apt #
City, Town, or Post Office Box	
Province / State/ Country	Postal Code / Zip Code

A – PARTICIPATION DECLARATION

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

Date of Birth (YYYY/MM/DD)	Occupation or Principal Business (e.g., administrative assistant, student, retired)
Date of Birth (YYYY/MM/DD)	Occupation or Principal Business (e.g., administrative assistant, student, retired)

And if applicable, that the account holder is:

- 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 additional 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, the below 3rd party:

Name of 3 rd Party
Address of 3 rd Party
Date of Birth (YYYY/MM/DD) of 3 rd Party
Occupation or Principal Business of 3 rd Party
If the 3 rd Party is a corporation, provide incorporation number and place of incorporation
In respect to the account, describe relationship between Accountholder and 3 rd Party

C – ENROLLMENT PARTICIPATION

Please check the applicable box below to participate in Full or Partial reinvestment of the Common Shares of the Company.

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

SIGNATURE(S)

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 Odyssey 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 accountholder(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	Date (YYYY/MM/DD)
Signature	Date (YYYY/MM/DD)

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada) and the Regulations made thereunder (collectively, the “Act”) require that Odyssey Trust Company collect and record specific 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 above.

INSTRUCTIONS

For Odyssey to comply with its legal obligations under the Act, this declaration and enrollment form must be completed in full and signed by all registered accountholder(s) or their legal representative(s).

- **For Units Registered to Corporation or Partnership:** an original or certified copy of the Corporate Resolution, Resolution of Sole Director, or Partnership Agreement is required to provide evidence that the signatory has authority to sign on behalf of the Corporation or Partnership. Resolutions must be dated within 6 months.
- **For Units Registered to Trust without Trustee:** a certified copy of the Trust Agreement.

A – PARTICIPANT DECLARATION

If a plan account is registered to:

- 1) **an individual accountholder or more than one holder:** All accountholders must indicate their Date of Birth and Principal Business or Occupation.
- 2) **a corporation:** Neither Date of Birth nor Principal Business or Occupation is required to be completed however, the applicable account holder status box must be checked. As indicated above, the applicable signing authority must also be provided.
- 3) **a Trust, Partnership, or an unincorporated Fund or Organization:** Date of Birth is not required however, Principal Business field must be completed. The applicable accountholder status box must also be checked.

As space on this form is limited to 2 holder declarations and signatures, photocopies of this form may be made, if required.

B – THIRD PARTY DETERMINATION

One of the two boxes provided must be selected. Where required, the additional fields must also be completed 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 – ENROLLMENT PARTICIPATION

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

PRIVACY NOTICE: At Odyssey Trust Company, we take your privacy seriously. When providing services to you, we receive non-public, personal information about you. We receive this information through transactions we perform for you or an issuer in which you hold securities, from enrolment forms 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, securities ownership information and other financial information. With respect to both current and former customers, 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. 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 Attn: Chief Privacy Officer, Odyssey Trust Company at 350 – 409 Granville St, Vancouver, BC, V6C 1T2.