

D – Residency Certification

Reference is hereby made to the Dividend Reinvestment Plan (the "Plan") of the Issuer. Capitalized terms used but not defined in this Part D shall have the meanings given to them in the Plan. Registered accountholders who are residents in Canada can participate in the Plan. Registered accountholders who are resident in a jurisdiction other than Canada can also participate in the Plan, subject to any restrictions of laws in such accountholder's jurisdiction of residence. **Registered accountholders who are located in the United States or who are U.S. persons are ineligible to participate in the Plan unless they first provide evidence satisfactory to the Issuer and the Plan Agent that an exemption from the registration requirements of the U.S. Securities Act of 1933, as amended, (the "U.S. Securities Act") is available for their participation in the Plan.**

Each registered accountholder must check ONE of the following boxes and, in the case of Box B, follow the applicable instructions:

A. By checking this box, each registered accountholder represents and warrants to the Issuer and the Plan Agent that it: (i) is resident in Canada; (ii) is not located in the United States (as such term is defined in Regulation S under the U.S. Securities Act); (iii) is not a U.S. person (as such term is defined in Regulation S under the U.S. Securities Act); (iv) did not receive an offer to enroll in the Plan within the United States; and (v) did not execute this Enrollment Form or otherwise place its order to participate in the Plan from within the United States.

B. By checking this box, each registered accountholder: (i) represents and warrants to the Issuer and the Plan Agent that it does not meet the requirements of Box A; and (ii) acknowledges and agrees that it must contact the Plan Agent to obtain further information about the requirements that must be satisfied in order to determine the eligibility of the registered accountholder to enroll in the Plan.

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 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 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 on the next page 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 Common Shares 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 Common Shares Registered to Trust without Trustee:** a certified copy of the Trust Agreement.

Part 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.

Part 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.

PART D – RESIDENCY CERTIFICATION

Each registered accountholder must check the applicable box contained in Part D. **Registered accountholders who are interested in participating in the Plan but who do not meet the requirements of Box A of Part D must contact the Plan Agent at 1-888-290-1175 (Toll free in North America) or 1-587-885-0960 to obtain further information about the requirements that must be satisfied in order to determine the eligibility of such registered accountholders to participate in the Plan.**

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.