

SECURITIES TRANSFER FORM
(IRREVOCABLE STOCK POWER OF ATTORNEY)

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

SECTION A: NEW SHAREHOLDER INFORMATION

Name of Transferee (new Securityholder) * if multiple transferees, indicate see attached letter and provide instructions on a letter

Mailing Address of Transferee

City, Prov/State, Postal Code, Country of Transferee

Email Address of Transferee*

SECTION B: EXISTING ODYSSEY ACCOUNT

(Only to be completed if transferring shares to an existing Odyssey account.)

Existing Odyssey Account Number or UID Number

Existing Account Registration

SECTION C: TRANSFEROR INFORMATION

registered in the names(s) of:

Number of Securities to be Transferred

Class or Type of Securities to be Transferred

Name of Transferor (Current Registration on Certificate or DRS)

on the books of

Name of Issuer (on Certificate or DRS)

represented by

Certificate Number if applicable - otherwise leave blank

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.

<p>Signature/Medallion Guaranteed by: Place Stamp in this Box</p>	<p>Signature(s) of securityholder(s):</p> <p align="right">Dated: _____</p>
	<p align="right">Dated: _____</p>
	<p align="right">Dated: _____</p>
<p>_____</p> <p>To verify the signature guarantee, please include the full name or a business card of the signatory from the Schedule I banking institution.</p>	<p align="right">Dated: _____</p>

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 (RBC 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. To verify the signature guarantee, please include the full name or a business card of the signatory from the Schedule I banking institution.

* By providing your email address you consent to the electronic delivery of future securityholder mailings from the Issuer. Should you wish to revoke this consent you can do so in writing at any time at the address above.

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 1230 – 300 5th Ave SW, Calgary, AB, T2P 3C4.

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.