

WHEATON PRECIOUS METALS CORP.

Reinvestment Enrollment Participant Declaration Form

Name And Address Of Accountholder	
Name(s) of Accountholder(s)	
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: <input type="checkbox"/> a Corporation, Trust, Partnership, or an Unincorporated Fund or Organization (Required documents enclosed, as applicable) <input type="checkbox"/> 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.	
<input type="checkbox"/> This account is not intended to be used by, or on behalf of, a 3rd party. <input type="checkbox"/> 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 (if an Individual)	
Nature of Principal Business or Occupation 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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 following pages before completing the Reinvestment Enrollment - Participant Declaration Form on the above.

ANNEX - CONTROLLING PERSONS

Identify the entity's controlling persons. Attach a separate list if you need to enter the information of more than two controlling persons. Make sure to give the type of controlling person to each controlling person on your list.

CONTROLLING PERSON 1

Last Name	First Name	Initial
Date of Birth		Social Insurance Number
Type of Controlling Person		
Permanent Residence Address		
Mailing Address (Only if different from permanent residence address)		

Declaration of tax residence

Tick (x) all of the options that apply to the controlling person(s)

- The controlling person is a tax resident of Canada. Controlling person's SIN:
- The controlling person is a tax resident or citizen of the United States. If you ticked this box, give the controlling person's taxpayer identification number (TIN) from the United States:
- The controlling person is a tax resident of a jurisdiction other than Canada or the United States. If you ticked this box, give the controlling person's jurisdictions of tax residence and TINs or functional equivalent. If the controlling person does not have a TIN, choose reason 1, 2 or 3, as in Section D.

Jurisdiction of tax residence	Taxpayer identification number	Reason

CONTROLLING PERSON 2

Last Name	First Name	Initial
Date of Birth		Social Insurance Number
Type of Controlling Person		
Permanent Residence Address		
Mailing Address (Only if different from permanent residence address)		

Declaration of tax residence

Tick (x) all of the options that apply to the controlling person(s)

- The controlling person is a tax resident of Canada. Controlling person's SIN:
- The controlling person is a tax resident or citizen of the United States. If you ticked this box, give the controlling person's taxpayer identification number (TIN) from the United States:
- The controlling person is a tax resident of a jurisdiction other than Canada or the United States. If you ticked this box, give the controlling person's jurisdictions of tax residence and TINs or functional equivalent. If the controlling person does not have a TIN, choose reason 1, 2 or 3, as in Section D.

Jurisdiction of tax residence	Taxpayer identification number	Reason

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 account holder(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.

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

By completing this form, I/we wish to participant in Full Reinvestment.

PART D – RESIDENCY CERTIFICATION

Each registered account holder must check the applicable box contained in Part D. **Registered account holders 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 to obtain further information about the requirements that must be satisfied in order to determine the eligibility of such registered account holders to participate in the Plan.**

PART F - ENTITY CLASSIFICATION

A Non-Participating Jurisdiction is a jurisdiction which generally does not have an agreement in place pursuant to which it will provide to another jurisdiction(s) the information set out in Section 1 of the Common Reporting Standard within CRS.

A Specified United States Person is a U.S. person, other than any of the following:

- a) a corporation the stock of which is regularly traded on one or more established securities markets
- b) a corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code as a corporation described in a) above
- c) the United States or any wholly owned agency or instrumentality of the United States
- d) a state of the United States, a U.S. territory, a political subdivision of any of the foregoing, or a wholly owned agency or instrumentality of any one or more of these
- e) an organization that does not have to pay tax under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- f) a bank as defined in section 581 of the U.S. Internal Revenue Code
- g) a real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- h) a regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or an entity registered with the U.S. Securities and Exchange Commission under the U.S. Investment Company Act of 1940
- i) a common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- j) a trust that does not have to pay tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- k) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or one of its states
- l) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- m) a tax-exempt trust under a plan that is described in section 403(b) or section 457(b) of the U.S. Internal Revenue Code

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 enrollment 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.