

Use a black or blue pen. Print in CAPITAL letters inside the grey areas as shown in this example.

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Please complete the information fields below (print clearly) in full

Name of Reinvestment Company Plan

Holder Account Number

Registered Name in which account is held (eg. John Smith)

Apt.

Street Number

Street Name

City

Prov. / State

Postal / Zip Code

Optional Cash Purchase (OCP) - Participant Declaration Form

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* and the Regulations made thereunder (collectively, the "Act") require that Computershare collect and record specified information and take other compliance measures on new or existing participants who elect to purchase additional securities under the reinvestment plan. **Please read the instructions below before completing the form on the reverse.**

INSTRUCTIONS

The Act requires Computershare to verify the identity of plan account holders or their representatives. To do this, (i) we require that you provide a 'cheque' (personal or certified; min. \$1.00, non-refundable) with a current home address that will clear through a Canadian financial institution or a Canadian branch of a foreign bank authorized under the Bank Act (Canada); and (ii) we will attempt to verify the personal information that you have provided to us by conducting a search through a credit reporting service, which will base its report on your Canadian credit history. If you don't think you have a Canadian credit history of at least 6 months duration or do not consent to such a search, please contact our National Customer Contact Centre at the telephone number above before submitting this form. **Note:** Cheque(s) should be made payable to Computershare. A joint 'cheque' is acceptable, provided one of the names is the account holder.

Please complete this form in FULL if you are making an OCP **AND** have not previously submitted an OCP Declaration for this account. Once you have satisfied the requirements, Computershare will code your account as "Compliant". Further OCP's simply require a valid payment and completion of part **D – OPTIONAL CASH PURCHASE** only.

Part A – PARTICIPANT DECLARATION – If a plan account is registered to:

- 1) **an individual over age 12 or account held in more than one name** - each must complete their Date of Birth and Principal Business or Occupation. Payment may be made by either:
i) a 'cheque' for the total OCP drawn from a bank account in the name of all such individuals, or ii) a separate 'cheque' from each individual which together total the OCP amount.
- 2) **a child under age 12** – complete Date of Birth and indicate "Student" or "Child" in the Principal Business or Occupation field. A Parent or Legal Guardian must provide a 'cheque' (min. \$1.00), and also write his/her Date of Birth on line 2, in order that we may conduct the search described above. Mark applicable account holder status box.
- 3) **a Corporation, Trust, Partnership, or an unincorporated Fund or Organization** – This form must be completed and signed by the individual(s), not more than 3, who will be authorized to give instructions for the account. Each individual must provide their Date of Birth and a 'cheque' (min. \$1.00). Principal Business or Occupation is NOT required. As space on the front of this form is limited to 2 holder declarations and signatures, photocopies of this form may be made if required.

In addition, mark applicable account holder status box, and:

- For a Corporation, we require (i) a copy of its records relating to the authority to operate this account (e.g., excerpts of articles, by-laws and/or board resolutions); (ii) either a certificate of corporate status and a list of directors or another record that confirms its existence and includes a list of its directors (e.g., a filing under securities laws); and (iii) the occupation of each of its directors.
- For a Trust, Partnership, or an unincorporated Fund or Organization, complete Principal Business or Occupation of the entity. Also, we require a copy of its partnership agreement, articles of association or other document that evidences the entity's existence.

Part B – THIRD PARTY DETERMINATION

Check one of the two boxes provided with regard to any third party interest in the account, and fill in the additional fields if required, 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 – POLITICAL PERSON DETERMINATION

Computershare is required to determine if account holders currently hold or have previously held a foreign political position or are related to a political person, past or present. You must check one of the two boxes provided and complete the additional fields if applicable.

Part D – OPTIONAL CASH PURCHASE

OCP instructions and investment details are also included on the reverse. Complete the \$ amount and ensure you have a valid payment. Your Social Insurance (SIN), Driver's License and Province of Issue and/or Home Phone Number may improve our ability to verify your identity. Due to limited space, there is only room for 2 numbers. Please sign and date the form to confirm your understanding of the terms and conditions of the plan and to consent to identity search through the credit reporting service. If you do not consent to the latter, please be sure to contact us at the telephone number at the top of the form. If you are an entity, you must provide certification and information regarding ownership (direct or indirect).

