

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

ALAQ

Reinvestment Enrollment - Participant Declaration Form

A – PARTICIPANT DECLARATION

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

1) Date of Birth: _____ Principal Business or Occupation: _____
Day Month Year (e.g. cashier, student, retired, accounting firm)

2) Date of Birth: _____ Principal Business or Occupation: _____
Day Month Year (e.g. cashier, student, retired, accounting firm)

and that the account holder is (Check the appropriate account holder status box, if applicable):

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 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, a 3rd party and I have completed the required information fields below.

Name of 3rd party: _____

Address of 3rd party: _____

Date of Birth of 3rd party (if an individual): _____

Nature of Principal Business or Occupation of 3rd party: _____

If 3rd party is a Corporation, provide incorporation number and place of issue: _____

Describe relationship between account holder and 3rd party, in respect of the account: _____

C – ENROLLMENT PARTICIPATION – Please select one only

Full Reinvestment

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.

Premium Dividend™ - To select this option, see below

Mark this box if you wish to receive, in lieu of the regular cash dividends (net of any applicable withholding taxes) payable on your current and future holdings of Common Shares, a premium cash payment by reinvesting such amount in new Common Shares and then exchanging the new Common Shares issued on the reinvestment with the plan broker designated under the Plan for a cash payment equal to 101% of the reinvested amount, upon and subject to the terms and conditions of the Plan.

Premium Dividend™

I hereby represent and warrant to AltaGas Ltd. ("Corporation"), Computershare Trust Company of Canada and the plan broker designated under the Plan that, when the Common Shares of the Corporation are delivered (all on my behalf in accordance with the premium dividend component of the Plan and subject to proration and any applicable withholding tax and such other limitations and restrictions as provided therein) to the plan broker designated under the Plan in accordance with this direction, I will hold good and marketable title to such Common Shares, free and clear of all liens, restrictions, charges, encumbrances, claims and rights of others and such Common Shares will not be subject to any resale restrictions. I further represent and warrant to the Corporation, Computershare Trust Company of Canada and the plan broker designated under the Plan that I am, and when the Common Shares of the Corporation are delivered to the plan broker designated under the Plan in accordance with this direction I/beneficial owner will be, a resident of Canada.

I hereby agree that all documents relating to the Plan and my participation therein, whenever prepared or received, including, without limitation, the Plan and this form, shall be prepared exclusively in the English language.

By executing and delivering this form I/we confirm that I/we have read, fully understand and accept the complete provisions of the Dividend Reinvestment, Premium Dividend™ and Optional Cash Purchase Plan (the "Plan") and agree to be bound by the terms and conditions thereof. I/we further acknowledge and agree that participation in the Plan will continue until I/we voluntarily terminate participation or enrollment is otherwise terminated in accordance with, and that withdrawals from the Plan will be subject to, the terms and conditions of the Plan. I/we also confirm the accuracy of the information provided in this form.

To be valid, this form must be signed by all registered account holder(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 1 - Please keep signature within the box

Signature 2 - Please keep signature within the box

Day Month Year

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Privacy Notice

Computershare is committed to protecting your personal information. In the course of providing services to you and our corporate clients, we receive non-public personal information about you - from transactions we perform for you, forms you send us, other communications we have with you or your representatives, etc. This information could include your name, address, social insurance number, securities holdings and other financial information. We use this to administer your account, to better serve you and our clients' needs and for other lawful purposes relating to our services. Some of your information may be transferred to servicers in the U.S.A. for data processing and/or storage. We have prepared a Privacy Code to tell you more about our information practices, how your privacy is protected and how to contact our Chief Privacy Officer. It is available at our website, computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario, M5J 2Y1. We will use your social insurance number for income reporting. We may also ask for your SIN as an identification-security measure if you call or write to request service on your account; however you may decline this usage. Computershare will use the information you are providing in order to process your request and will treat your submission of this form as your consent to us so doing.

Please return completed form to:

Computershare, 8th Floor, 100 University Ave, Toronto Ontario M5J 2Y1