

RE-INVESTMENT PLAN AUTHORIZATION FORM

700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

1.	ACCOUNT DETAILS					
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F	rimary Account Holder (First Name, Initial, Last Name)			Social Insurance Number	Account Number	
	(not rains, initially				, 10004111 114111201	
J	oint Account Holder or Spousal Contributor (First Name, Initial, Last Name)			Social Insurance Number		
2. PLAN DETAILS						
Di	Dividend Re-investment Plan ("DRIP") Stock Dividend Plan ("SDP")					
	O New DRIP Authorization (as specified below – eligibility determined by Qtrade) O New SDP Authorization (as specified below – eligibility determined by Qtrade)					
	O Change to an existing DRIP Authorization O Change to an existing SDP Authorization					
	Cancel an existing DRIP Authorization	P Authorization				
S	ecurity Name	Symbol or CUSIP #		# of Shares		
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3.	TERMS AND CONDITIONS					
I hereby request enrolment in Qtrade Direct Investing ("Qtrade") DRIP/SDP as indicated below. I further request that cash distributions from certain eligible securities (determined by Qtrade) be re-invested under the following terms and conditions:						
1.	I. I understand that commissions will not be charged on DRIP/SDP share purchases.					
2.	I understand that only book-based shares are eligible for the DRIP/SDP.					
3.	All full shares purchased pursuant to the DRIP/SDP will be credited to my account at a price determined by Qtrade at such time as they become available.					
4.	Cash payments from certain eligible securities (determined by Qtrade) will be re-invested into full shares only (not fractional shares) within the DRIP/SDP.					
5.	Fractional cash payments cannot be added to future dividend payments for DRIP/SDPs (no top-ups).					
6.	Enrolment or removal from a DRIP/SDP must be received at least 7 days prior to the dividend record date. Requests received less than 7 days prior to the dividend record date will be processed on a best efforts basis and will otherwise take effect during the next dividend payment cycle.					
7.	Qtrade may terminate my participation in the DRIP/SDP program at its discretion.					
8.	I certify that I am a resident of Canada.					
9.	I understand that not all securities are RSP eligible or eligible for the DRIP/SDP.					
10	. I understand that I can request in writing that Qtrade enrol me for additional eligible securities in the DRIP/SDP.					
11	1. I understand that once I have sold the eligible securities, my DRIP/SDP for such security is automatically discontinued. I understand that if I sell my shares after the record date but before the payment date of the DRIP/SDP, there will be one additional DRIP/SDP processed after the shares have been sold. If I wish to purchase more of the same DRIP/SDP-eligible securities, I must enroll such additional shares into the DRIP/SDP.					
12	12. I acknowledge that Qtrade will act as principal when purchasing securities for the DRIP/SDP.					
4.	ACCOUNT HOLDER AUTHORIZATION					
x						
F	rimary Account Holder Signature				Date (dd/mm/yyyy)	
<u>x</u> J	x Joint Account Holder Signature				Date (dd/mm/yyyy)	
5. APPROVAL (FOR INTERNAL USE ONLY)						
	x					
Α	uthorized Signatory Name Authorize	ed Signature			Date (dd/mm/yyyy)	