

## **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				
Pr	mary Account Holder (First Name, Initial, Last Name)			Social Insurance Number	Account Number
	mt A a sound Halden as Consula Contributes (First Normal Hilling)			Casial Income as Northern	
	nt Account Holder or Spousal Contributor (First Name, Initial, Last Name)			Social Insurance Number	
2. PLAN DETAILS					
Div	Dividend Re-investment Plan ("DRIP")  Stock Dividend Plan ("SDP")				
	New DRIP Authorization (as specified below – eligibility determined by Qtrade)     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  Cancel an existing SDP Authorization  Cancel an existing SDP Authorization				
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Se	curity Name	Symbol or CUSIP #		# of Shares	
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.					
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				
v					
x Pr	mary Account Holder Signature				Date (dd/mm/yyyy)
х					
Jo	nt Account Holder Signature				Date (dd/mm/yyyy)
5. APPROVAL (FOR INTERNAL USE ONLY)					
	xx				
Αι	thorized Signatory Name Authorize	ed Signature			Date (dd/mm/yyyy)