

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

A B C

1 2 3

X

Holder Account Number

C

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

Apt. Street Number Street Name

City Prov. / State Postal / Zip Code

Stock Dividend Confirmation Notice

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada) and the Regulations made thereunder (collectively, the "Act") require that Computershare Trust Company of Canada collect and record specified information on accounts it opens for individuals or entities under a Program. Please read Instructions below before completing the Stock Dividend Confirmation Notice on the reverse.

INSTRUCTIONS

In order that Computershare may comply with its legal obligations under the Act, this declaration and confirmation notice must be completed in full and signed by all registered holder(s). Otherwise Computershare cannot process your request.

Part A – PARTICIPANT DECLARATION

If an account is registered to:

- 1) an individual account holder or more than one holder – each individual must provide their Date of Birth and Principal Business or Occupation.
- 2) a Corporation – it must mail or hand-deliver this confirmation notice along with a copy of its official corporate records relating to the authority to operate this account. Neither Date of Birth nor Principal Business or Occupation is required to be completed. Mark the account holder status box if applicable.
- 3) a Trust, Partnership, or an unincorporated Fund or Organization – Complete the field for Principal Business or Occupation. Date of Birth is not required to be completed. Mark the account holder status box if applicable.

As space on this form is limited to 2 holder declarations and signatures, photocopies of this form may be made if required.

Part B – PARTICIPATION ELECTION

This section must be completed to process your request for enrollment.

Stock Dividend Confirmation Notice

A – PARTICIPANT DECLARATION

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

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

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

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

a Corporation, Trust, Partnership, or an unincorporated Fund or Organization (Required documents enclosed, as applicable)

B – PARTICIPATION ELECTION

Make a Participation selection below. Select One Option Only.

Full Participation
Please mark this box if you wish to be enrolled in Full participation. All stock dividends that become payable on this account on all eligible securities now held or any future holdings in this account will be paid in the form of additional securities.

Partial Participation
Please mark this box and select the number of whole securities on which you wish to accept stock dividends that become payable on this account in the form of additional securities. The payment on all remaining securities and any future holdings will be paid in cash.

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This form must be received by Computershare no later than 4 business days immediately preceding a declared payment record date in order to take effect on the payment date for that payment.

By participating in the program, I/we confirm that I/we have read, fully understand and agree to be bound by the terms and conditions of the prospectus or brochure that governs the program. I /We agree that participation in the program will continue until I/we notify Computershare, in writing and in accordance with the rules of the program, that I/we desire to terminate participation. I/ We acknowledge that withdrawals from the program will be subject to the terms and conditions of the prospectus or brochure that governs the program. I/We also confirm the completeness and accuracy of the information I/we have provided in this form.

The undersigned hereby revokes any Notice previously delivered to Computershare.

To be valid, this Notice must be signed by all registered account holder(s) or applicable authorized individual(s).

If you do not check any of the above boxes, sign and return this Notice, you will continue to receive dividend payments in cash.

Signature 1 - Please keep signature within the box

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Signature 2 - Please keep signature within the box

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Day Month Year

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Daytime Telephone Number (optional)

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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. Computershare will use the information you are providing in order to process your request and will treat your signature(s) as your consent to us so doing.

Please return completed form to:

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