



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

Primary Account Holder (First Name, Initial, Last Name)

Social Insurance Number

Account Number

Joint Account Holder or Spousal Contributor (First Name, Initial, Last Name)

Social Insurance Number

2. PLAN DETAILS

Dividend Re-investment Plan ("DRIP")

Stock Dividend Plan ("SDP")

- Radio buttons for DRIP options: New DRIP Authorization, Change to an existing DRIP Authorization, Cancel an existing DRIP Authorization

- Radio buttons for SDP options: New SDP Authorization, Change to an existing SDP Authorization, Cancel an existing SDP Authorization

Security Name

Symbol or CUSIP #

of Shares

Table with 3 columns: Security Name, Symbol or CUSIP #, # of Shares. Multiple empty rows for data entry.

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:

- 12 numbered terms and conditions regarding DRIP/SDP enrollment, commissions, and share purchases.

4. ACCOUNT HOLDER AUTHORIZATION

Primary Account Holder Signature

Date (dd/mm/yyyy)

Joint Account Holder Signature

Date (dd/mm/yyyy)

5. APPROVAL (FOR INTERNAL USE ONLY)

Authorized Signatory Name

Authorized Signature

Date (dd/mm/yyyy)