

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

Please complete the information fields below (print clearly) in full

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

Apt. Street Number Street Name

City Prov. / State Postal / Zip Code

Combined Pre-Authorized Debit (PAD) Agreement / Optional Cash Purchase Voucher – Monthly / Quarterly

To participate in Optional Cash Purchases, you must already be enrolled in the Dividend Reinvestment Plan and your account must already be coded compliant with Canadian Anti-Money Laundering requirements.

Please select option A, B or if applicable both:

- A)** Set up New Monthly Debit Instruction Set up New Quarterly Debit Instruction Modify Existing Debit Instruction Cancel Existing Debit Instruction

Contribution will generally be debited on or around the 19th of every month.

See reverse for instructions on Modifying and Cancelling your existing instructions.

Contribution Amount \$

Dollar Amount
 The Plan allows for a minimum contribution of \$0.00 with a maximum of \$40,000.00 per Fiscal Year

- B)** One-Time Cheque Contribution

Contribution Amount **Dollar Amount**
 The Plan allows for a minimum contribution of \$0.00 with a maximum of \$40,000.00 per Fiscal Year

\$

Financial Institution Information — Please note a valid Canadian bank account is required to participate in a PAD. Request must be received no later than the deadline described in the plan brochure.

- Please Select One:** Chequing Account Savings Account

- Please Select One:** Individual Account Joint Account

Financial Institution Account Number

Branch Transit Number Financial Institution Number

Exact name(s) in which the above account is held

Note: See reverse side of this form for further instructions and a cheque sample. If you have selected option "A" above, this form must be signed by all owners of the financial institution account mentioned above or it will be returned.

By signing below I/we agree to the terms and conditions on the reverse side of this form

Signature 1 - Please keep signature within the box.

Signature 2 - Please keep signature within the box.

Date - Day Month Year

Daytime Telephone Number

Please return completed form to:
 Computershare, 8th Floor North Tower, 100 University Ave, Toronto Ontario M5J 2Y1

How to complete this form

In order to participate you must first be enrolled in the Plan and have completed the Optional Cash Purchase (OCP) – Participant Declaration Form and your account must already be coded compliant with Canadian Anti-Money Laundering requirements.

1. Select either box A (New PAD, Modify existing PAD or Cancel existing PAD), B (One-time Cheque Contribution) or both.
2. Option A: Indicate the amount you wish to contribute in the space provided. Indicate if your account is a Chequing or Savings account, if it is an Individual or Joint account and enter the Financial Institution Account Number, Branch Transit Number and Financial Institution Number. Print the exact name(s) in which the account is held as it appears on your personal cheque or on the records of your Financial Institution. A VOID cheque indicating the name(s) on the bank account or a letter from your financial institution confirming your banking details and the names associated to the account must be submitted with this form. The bank account names must match the registered Plan holder's name(s).
3. Option B: Indicate the amount you wish to contribute in the space provided. Follow the instructions in that section and submit a cheque payable to Computershare along with this form.
4. If you would like to select both option A and B, complete each section and provide the required accompanying cheque(s) with the form.
5. Sign, date and return the completed form to Computershare, 8th Floor North Tower, 100 University Ave, Toronto Ontario M5J 2Y1.

How do I modify or cancel an existing Pre-authorized Debit Instruction?

- Under Option A, check the Modify Existing Debit Instruction box or the Cancel Existing Debit Instruction box depending on what you would like to do.
- If you are modifying your request enter your new bank details or your new amount into the appropriate fields. A VOID cheque or letter from your Financial Institution confirming your banking details must be submitted along with the form.
- If you are cancelling your request enter the original bank details and leave the amount blank. No void cheque required.

Name on Account	John A. Doe Mary B. Doe 123 Your Street Anywhere, CANADA B2B 1A1	No. 123
		_____ 20 _____
	PAY TO THE ORDER OF	\$ []
Financial Institution and Branch Information	Bank of Anywhere 123 Main Street Anywhere, CANADA B2B 1A1	
	FOR	SAMPLE (NON-NEGOTIABLE)
	⑈ 1 2 3 ⑈	⑆ 2 3 4 5 ⑈ 0 9 9 9 ⑆
		⑆ 5 6 7 ⑈ 8 9 0 ⑆ 2 ⑈
	Cheque Number	Branch Transit Number
		Financial Institution Number
		Financial Institution Account Number

TERMS & CONDITIONS

Pre-Authorized Debit (PAD) Details

I/We hereby authorize Computershare Trust Company of Canada to make the requested debits of funds from the bank account and on the dates stated on reverse and in the amount shown. I/We acknowledge that this service is for personal PAD purposes. The debited funds will be used to purchase shares/units for the Plan account. I/We acknowledge that if my/our signed PAD Agreement is not received before the deadline described in the plan brochure, Computershare may not be able to process my/our authorization in time for that Investment and the authorization will be processed commencing the next Investment date. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnppay.ca

Pre-Authorized Debit (PAD) Cancellation Details

I/We the Payor(s) may cancel my/our authorization at any time by calling Computershare directly at the telephone number provided on reverse or by sending a clear written request (by means of this form). Cancellations must be received before the deadline described in the plan brochure.

Pre-Authorized Debit (PAD) Waiver Details

I/We waive any requirement for Computershare to send me/us written notice prior to the first PAD made under this agreement or prior to implementing any modifications I have requested.

Confirmation of Plan Participation

By participating in the Plan, 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 Plan. I/We further agree that participation in the Plan will continue until I/we notify Computershare in writing that I/we desire to terminate participation in the Plan.

You can easily improve your investor experience through our self-service web portal, Investor Centre. Our Investor Centre website offers free, fast, seamless and convenient online access to your account information. Take a few minutes and visit www.compuershare.com/investorcentrecanada. There are many easy and convenient things you can do 24/7 online such as viewing your portfolio information, changing your address, updating tax and banking information, accessing statements and tax forms, tracking any reinvestment Plan history and much more!

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, compuershare.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.