

Participant Declaration Form



IMPORTANT: THIS FORM MUST BE FULLY COMPLETED if you have not submitted one previously and want to make an optional cash purchase under the terms of your plan.

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the regulations made thereunder (collectively the "Act") require that CIBC Mellon Trust Company (CIBC Mellon) collect and record certain information relating to certain accounts it maintains for individuals or entities under a plan. These requirements **apply to participants who want to make optional cash payments to their plan.**

Please read the instructions on the back before completing this form.

Part A – Account Information		
PLAN SPONSOR/ISSUER OF SECURITIES		ACCOUNT NUMBER
ACCOUNT HOLDER'S ADDRESS		TELEPHONE NUMBER/E-MAIL ADDRESS (Optional)
Part B – Participant Declaration		
I/We the account holder(s) named below (or, if applicable, the parent or legal guardian or authorized signing officers), hereby declare(s) as follows:		
ACCOUNT HOLDER NAME		2 nd ACCOUNT HOLDER NAME (IF APPLICABLE)
NAME OF PARENT OR LEGAL GUARDIAN OF THE ACCOUNT HOLDER OR AUTHORIZED SIGNING OFFICER(S) OF THE ACCOUNT HOLDER (IF APPLICABLE)		
DATE OF BIRTH OF INDIVIDUAL SIGNING THIS FORM (DD/MM/YYYY)		DATE OF BIRTH OF 2 nd INDIVIDUAL SIGNING THIS FORM (DD/MM/YYYY)
PRINCIPAL BUSINESS OR OCCUPATION OF ACCOUNT HOLDER		PRINCIPAL BUSINESS OR OCCUPATION OF 2 nd ACCOUNT HOLDER
And that (if applicable, check the appropriate box below):		
<input type="checkbox"/> The account holder is a minor (under age 12) and the under-signed is his/her parent or legal guardian.	<input type="checkbox"/> The account holder is a corporation, partnership, trust or other entity (supporting documents and personal cheque(s) specified on the back of this form are enclosed)	<input type="checkbox"/> The account holder is a financial entity or securities dealer and is exempt from third party verification in Part B below (proceed to Part C).
Part C – Third Party Verification		
Check one of the two boxes below. If the second box is marked, you must provide the information requested.		
<input type="checkbox"/> This plan account is not intended to be used by, or on behalf of, a third party (proceed to Part D)		
<input type="checkbox"/> This plan account is intended to be used by, or on behalf of a third party, and I have completed the applicable information fields immediately below.		
NAME OF THIRD PARTY		ADDRESS OF THIRD PARTY
PRINCIPAL BUSINESS OR OCCUPATION OF THIRD PARTY		IF THIRD PARTY IS A CORPORATION, PROVIDE INCORPORATION NUMBER AND PLACE OF ISSUE
DESCRIBE THE NATURE OF THE RELATIONSHIP BETWEEN THE ACCOUNT HOLDER AND THE THIRD PARTY		
Part D – Contribution		
Amount of contribution (please note the important instructions about payment methods on the back of this form)		\$
By participating in the plan, I/we agree to be bound by the terms and conditions in the prospectus or brochure that governs the plan which I/we have read and fully understand. I/we further agree that participation in the plan will continue until I/we notify CIBC Mellon in writing that I/we desire to terminate participation in the plan. I/we acknowledge that withdrawals from the plan will be subject to terms and conditions of the plan. I/we agree to inform CIBC Mellon if the information in Part C changes. I/we have attached the personal cheque if required as per the instructions on the back of this form.		
SIGNATURE	SIGNATURE OF 2 nd ACCOUNT HOLDER	DATE (DD/MM/YYYY)

Instructions

If you have not previously completed and submitted a Participant Declaration form or the information in Part C has changed you must complete Parts A, B, C and (if applicable) D. Once you have filed an acceptable form, your account will be coded as 'compliant' and you will not have to submit another form for that account unless the information in Part C has changed.

This form must be signed by all account holders listed (or their parent or guardian if applicable). Without a valid Participant Declaration, CIBC Mellon cannot process further optional cash payments and will return your contribution. This form ONLY applies to the plan account noted.

Once your account is 'compliant' you can use the form on the dividend reinvestment statement or complete Parts A and D of this form to make future optional cash payments.

Part A – Account Information

Enter the ACCOUNT NUMBER, COMPANY NAME (PLAN SPONSOR/ISSUER OF SECURITIES) and ACCOUNT HOLDER'S ADDRESS in the space provided. The account number can be found on a dividend reinvestment statement or dividend cheque.

Part B – Participant Declaration

The Act requires CIBC Mellon to validate the identity of account holders or their representatives. The only viable way to do that under the Act is to obtain a personal cheque payable to CIBC Mellon drawn on an *acceptable institution* (see below), from all account holders or, if they are minors or corporate or other entities, their parent(s), legal guardian(s) or authorized signatories. An *acceptable institution* is a Canadian financial institution or a foreign bank authorized in Canada under *The Bank Act* (Canada).

- **If the account is in the name of an individual who is a non-minor (12 and over)** the account holder must provide his or her NAME, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION. The account holder must also, provide a personal cheque and sign and date the form.
- **If the account is in the name of an individual who is a minor (under 12)** his/her parent or legal guardian must provide the NAME of the account holder. The parent or legal guardian must provide their NAME and DATE OF BIRTH. Under PRINCIPAL BUSINESS OR OCCUPATION indicate "minor child" or "student" and check the box indicating that the account holder is a minor. Each parent or legal guardian must also provide a personal cheque drawn on his/her own account, and sign and date the form.
- **If the account is in more than one name** each account holder must provide their NAME, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION. Each individual must also provide a personal cheque unless both the plan and bank accounts are joint accounts in the same names. Each account holder must also sign this form. This form provides for two account holders. If the plan is in the name of 3 or more account holders, please photocopy this form to provide for the additional holders.
- **If the account is in the name of a corporation, partnership, trust or other entity** all individuals authorized by the corporation, partnership, trust or other entity to have signing authority over the account and give instructions with respect of the account must provide their NAME and DATE OF BIRTH. They need not provide their PRINCIPAL BUSINESS OR OCCUPATION. Each authorized individual (up to a maximum of three) must provide a personal cheque payable to CIBC Mellon Trust Company for one dollar. Please note that the dollar is non-refundable. Each authorized individual must also sign the form. This form provides for two authorized officers. If there are more than two, please photocopy this form to provide for the additional authorized officers.

A corporation must provide (i) a copy of corporate authority to operate the account (e.g. excerpts from articles, by-laws or board resolutions); and (ii) **either** a certificate of corporate status and list of directors **or** any other record that confirms its existence and includes a list of its directors (e.g. a filing under securities laws).

A partnership, trust or other entity must provide (i) description of its principal business or occupation; and (ii) a copy of a partnership agreement, articles of association or other document that evidences the entity's existence.

A corporation, partnership, trust or other entity must provide a certificate of incumbency with specimen signatures for authorized individuals.

Part C – Third Party Verification

To meet the third-party verification requirements under the Act you must complete this section if it applies to your situation unless the named account holder is a financial entity as defined in the Act or a Canadian securities dealer. Provide the information required in relation to any third parties who may have an interest in the account. A third party may include, without limitation, a spouse, relative, friend, business partner, employee or trust beneficiary.

Part D - Contribution

If you wish to make an optional cash purchase with this form, please send your payment to CIBC Mellon Trust Company with this form. **No third party cheques, bank drafts, money orders or wire transfers will be accepted unless we have received personal cheques drawn on an acceptable institution from all those required to provide them as outlined above.** Please write the account number and company number (plan sponsor/ issuer of securities) on your personal cheque.

Privacy Notice

At CIBC Mellon, an integral part of our commitment to service excellence is our commitment to the privacy of personal information entrusted to us. In the course of providing trustee services to you and to our corporate clients, CIBC Mellon may collect personal information which includes name, address, telephone number and other contact information, occupation, social insurance number or other tax identification number, financial information concerning investments of the individual and other information we may collect with consent or as permitted or required by law. CIBC Mellon will collect, use and disclose personal information (including the personal information you have given us on this form) to process your request, to administer your account and for other lawful purposes relating to our services – our Privacy Statement tells you more about this, and about our privacy commitment. All personal information is collected, used and disclosed by us in accordance with our Privacy Statement. It is available on our website at <http://www.cibcmellon.com>, or by writing us at: CIBC Mellon Privacy Officer, P.O. Box 1, 320 Bay Street, Toronto, Ontario M5H 4A6. Your signature on this form is your consent to the above.

Please return completed form to:

CIBC Mellon Trust Company
Dividend Reinvestment
P.O. Box 7010
Adelaide Street Postal Station
Toronto, ON, M5C 2W9

If you have any questions please feel free to call our AnswerLine at:

416-643-5500 OR 1-800-387-0825

Or contact us using our secure online form:

<https://www.cibcmellon.com/investorinquiry>