

**REQUEST FOR ELECTRONIC PAYMENT OF:
DIVIDENDS, REDEMPTIONS OR INTEREST PAYMENTS**

NAME OF SECURITY		SECURITY HOLDER ACCOUNT NUMBER		NEW ☐
				CHANGE ☐
NAME(S) IN WHICH SECURITIES ARE REGISTERED (PLEASE PRINT)				
ADDRESS (P.O. BOX ADDRESS CANNOT BE USED)				SUITE
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY	EMAIL ADDRESS (REQUIRED TO RECEIVE DIRECT DEPOSIT PAYMENTS)

I / We hereby authorize and direct TSX Trust Company to deposit or cause to be deposited any and all future payments on the payable date for such payments to my/our account using electronic funds transfer at the following financial institution:

FINANCIAL INSTITUTION NAME
BRANCH ADDRESS (P.O BOX ADDRESS CANNOT BE USED)

Please provide a cheque marked VOID or a letter from your financial institution to deposit payments into a chequing account. If you do not have a cheque available, please complete the following info:

NAME(S) OF ACCOUNT (MUST BE THE SAME AS SECURITY REGISTRATION)			
INSTITUTION NO.	BRANCH NO.	ACCOUNT NO.	
BRANCH ADDRESS (P.O. BOX ADDRESS CANNOT BE USED)			
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY

ACKNOWLEDGEMENT AND AGREEMENT

I / We hereby agree and acknowledge that TSX Trust Company, may act and rely on these instructions until TSX Trust Company receives notice from me/us of the revocation or modification of these instructions, in writing, or, by way of this form. By providing my email address, I hereby acknowledge and consent to all provisions outlined in the following: <https://www.tsxtrust.com/consent-to-electronic-delivery?lang=en>

SIGNATURE (1)

DATE

SIGNATURE (2)

DATE

Return completed form to:

TSX Trust Company
301-100 Adelaide Street West
Toronto, Ontario M5H 4H1 CANADA
By email: tsxtis@tmx.com

If you have any questions, you can reach TSX Trust:

By email: tsxtis@tmx.com