

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



|   |                  |                        |         |                                 |
|---|------------------|------------------------|---------|---------------------------------|
| NAME OF SECURITY  |                  | SECURITY HOLDER NUMBER |         | NEW <input type="checkbox"/>    |
|   |                  |                        |         | CHANGE <input type="checkbox"/> |
| NAME(S) IN WHICH SECURITIES ARE REGISTERED (PLEASE PRINT) |                  |                        |         |                                 |
| ADDRESS   |                  |                        |         | SUITE                           |
| CITY  | PROVINCE / STATE | POSTAL/ZIP CODE        | COUNTRY |                                 |

I / We hereby authorize and direct AST Trust Company (Canada) 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             |

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   |                  |                 |         |
| CITY   | PROVINCE / STATE | POSTAL/ZIP CODE | COUNTRY |

**ACKNOWLEDGEMENT AND AGREEMENT**

I / We hereby agree and acknowledge that AST Trust Company (Canada), ("AST") may act and rely on these instructions until AST receives notice from me/us of the revocation or modification of these instructions, in writing, or, by way of this form.

\_\_\_\_\_  
SIGNATURE (1)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (2)

\_\_\_\_\_  
DATE

**Return completed form to:**

AST  
PO Box 700  
Station B  
Montreal, QC H3B 3K3  
CANADA

**If you have any questions, you can reach AST:**

By phone: 1 800 387 0825 or (416) 682 3860

OR

By email: [inquiries@astfinancial.com](mailto:inquiries@astfinancial.com)