



Canadian ShareOwner Investments Inc. ("ShareOwner") Transfer Authorization for Non-Registered Accounts

Use this form for Non-Registered Accounts. Use one form per account.

A: Account Owner Identification – Please fill this section completely

Mr. Mrs. Ms. Dr.

Account Number (if applicable) _____

First Name _____

Middle Name _____

Last Name _____

Address _____

City _____

Province _____

Postal Code _____

Social Insurance Number _____

Home Telephone () _____

Alternate Telephone () _____

Email Address _____

B: Canadian ShareOwner Investments Inc. Receiving Institution Information

862 Richmond Street West, Suite 201

Toronto, Ontario M6J 1C9

Phone: (416) 595-7200 Fax: (647) 245-1002

transfers@shareowner.com

FINS# T003 CUID# CSIT DLR# 7829 REP# HX1

Account Type: Canadian
 US

C: Account Owner Directions to Relinquishing Institution – Please fill this section completely

Relinquishing Institution's Name _____

Address _____

Account/Policy Number _____

City _____

Province _____

Postal Code _____

Transfer Instructions: (check one box only) All in-kind (as is) All in-cash* Partial* - as listed below or attached list All assets* - but mixed in cash and in Kind (as is) use list below or attached list List Attached

Important: Please attach a copy of your latest Account Statement (including full list of assets) from the Relinquishing Institution. This will help avoid unnecessary delays in transferring your account.

In-Kind Dollars
 In-Cash Shares/Units

Investment Amount _____

Symbol and/or Certificate Number or Policy Number _____

Investment Description _____

In-Kind Dollars
 In-Cash Shares/Units

Investment Amount _____

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 In-Cash Shares/Units

Investment Amount _____

Symbol and/or Certificate Number or Policy Number _____

Investment Description _____

D: Account Owner Authorization

I hereby request a transfer of my account as directed above. Please cancel all open orders (G.T.C/SWP/PAC etc.) for my account(s) on your Books. *Where I have requested a transfer in cash. I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.

Signature Required

Signature of Account Owner _____

Date (MM-DD-YYYY) _____

Signature of Irrevocable Beneficiary (if applicable) _____

Date (MM-DD-YYYY) _____

I have read the disclosure and authorize transfer as above

I consent to the transfer of the account.