



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: (416) 595-0400

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.

| | | | |
|--|-------------------|---|------------------------|
| <input type="checkbox"/> In-Kind <input type="checkbox"/> Dollars | _____ | _____ | _____ |
| <input type="checkbox"/> In-Cash <input type="checkbox"/> Shares/Units | Investment Amount | Symbol and/or Certificate Number or Policy Number | Investment Description |
| <input type="checkbox"/> In-Kind <input type="checkbox"/> Dollars | _____ | _____ | _____ |
| <input type="checkbox"/> In-Cash <input type="checkbox"/> Shares/Units | Investment Amount | Symbol and/or Certificate Number or Policy Number | Investment Description |
| <input type="checkbox"/> In-Kind <input type="checkbox"/> Dollars | _____ | _____ | _____ |
| <input type="checkbox"/> In-Cash <input type="checkbox"/> 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.