

ACCOUNT UPDATE FORM

Please return the completed, signed form to:

Olympia Trust Company
Attn: CSS Operations
PO Box 128 STN M
Calgary, AB T2P 2H6
Tel: 587.774.2340
Email: cssinquiries@olympiustrust.com

UPDATE	REQUIRED SECTIONS
Change of Address	1, 2(A), 2(B) and 6
SIN / TIN Number	1, 2(A), 3 and 6
Direct Deposit	1, 2(A), 4 and 6
Electronic Delivery	1, 2(A), 5 and 6

1. SECURITYHOLDER NAME	DESCRIPTION OF SECURITIES HELD
Full registration of account	Issuer name & Class of securities
SECURITYHOLDER ACCOUNT NUMBER (if known)	CERTIFICATE NUMBER(s) (if applicable)

2. (A) CURRENT ADDRESS			(B) PREVIOUS ADDRESS		
Street Address			Street Address		
Street Address	City/Town		Street Address	City/Town	
Province/State	Postal Code/Zip Code	Country	Province/State	Postal Code/Zip Code	Country

3. SOCIAL INSURANCE NUMBER / TAXPAYER IDENTIFICATION NUMBER	
SIN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	TIN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

Note: Non-residents of Canada must provide Olympia with a completed **NR301** and, if applicable, **W-9**. Please visit www.olympiustrust.com to obtain these forms.

4. DIRECT DEPOSIT INFORMATION	
Account Name (must be in the name of Securityholder)	Financial Institution Name
Transit Number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	Institution Number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

5. CONSENT TO ELECTRONIC DELIVERY	
Provide your email address only if you wish to receive electronic delivery of materials relating to your account when it is available. This includes, but is not limited to, proxy material, financial statements and direct registration (DRS) statements / advices.	Email Address

6. SIGNATURE OF SECURITYHOLDER(s) By signing, I/we confirm that the information given on this form is complete and accurate.	
Signature 1	Signature 2 (required if securities are held jointly)
Date (mm/dd/yyyy):	Telephone Number:

If this form is being signed by someone other than the Securityholder, proof of appointment / authorization is required.