

AnswerLine™ Additional Account Access Form



To access additional accounts through AnswerLine, please complete and print this form. Be sure to sign the form and mail it to:

CIBC Mellon Trust Company
P.O. Box 700, Station B
Montréal QC H3B 3K3
CANADA

FIRST NAME		MIDDLE NAME	LAST NAME	
ADDRESS			SUITE	
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY	

ACCOUNT NUMBER	ACCOUNT TYPE (select one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT <input type="checkbox"/> INDIVIDUAL OR JOINT IN TRUST
ACCOUNT NUMBER	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT <input type="checkbox"/> INDIVIDUAL OR JOINT IN TRUST
ACCOUNT NUMBER	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT <input type="checkbox"/> INDIVIDUAL OR JOINT IN TRUST

I certify that the information I have given to you above is correct and I agree to advise you if any of this information changes. I confirm that my agreement previously given, to the general terms of use for the CIBC Mellon website and for use of the AnswerLine service, in particular, and my acknowledgement that I have read CIBC Mellon's privacy statement apply to this request to add additional accounts. I also confirm my agreement that I am responsible to keep my password, Investor ID, security word and help phrase confidential and secure applies to this request.

SIGNATURE *

DATE

* Please note that if you are requesting access to information about securities held in more than one name, we will require signatures from all holders.

TRACKING ID (INTERNAL USE ONLY)

SECURITY INFORMATION

E-MAIL ADDRESS	SECURITY WORD
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TRACKING ID (INTERNAL USE ONLY)
