

REQUEST ELECTRONIC PAYMENT OF DIVIDENDS

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

I / We hereby authorize and direct CIBC Mellon Trust Company ("CIBC Mellon") to deposit or cause to be deposited any and all future dividend payments on the payable date for such dividend payments to my/our account using electronic funds transfer at the following financial institution:

FINANCIAL INSTITUTION NAME
BRANCH ADDRESS

Please provide a sample cheque marked void (if you wish CIBC Mellon to deposit dividend payments into a chequing account):

NAME(S) OF ACCOUNT (MUST BE THE SAME AS SHARE REGISTRATION)			
INSTITUTION NO.	BRANCH NO.	ACCOUNT NO.	
BRANCH ADDRESS			
CITY	PROVINCE / STATE	POSTAL/ZIP CODE	COUNTRY

ACKNOWLEDGMENT AND AGREEMENT

I / We hereby agree and acknowledge:

1. That CIBC Mellon may act and rely on these instructions until CIBC Mellon receives written notice from me/us of the revocation or modification of these instructions.
2. That I/we may revoke or modify these instructions by notice in writing to CIBC Mellon at any time, to be effective upon receipt of the notice by CIBC Mellon.

SIGNATURE(S)

DATE

Return completed form to:

Phone: 1-800-387-0825 or (416) 643-5500

**CIBC Mellon Trust Company
P.O. Box 7010, Station A
Adelaide Street Postal Station
Toronto ON M5C 2W9
CANADA**