

Optional Cash Purchase (OCP) - Participant Declaration Form

Please complete the front of this form as well as the fields below.

A – PARTICIPANT DECLARATION - I/We, the account holder(s) named above, hereby certify as follows:

1) Date of Birth: _____ Principal Business or Occupation: _____
 Day Month Year (e.g. cashier, student, retired, accounting firm)

2) Date of Birth: _____ Principal Business or Occupation: _____
 Day Month Year (e.g. cashier, student, retired, accounting firm)

and that the account holder is (Check the appropriate account holder status box, if applicable):

a Corporation, Trust, Partnership, or an unincorporated Fund or Organization. (Required documents enclosed) a Financial Entity or Securities dealer and is exempt from Third Party Determination in Section B below. (Proceed to part C) under age 12. A Parent or Legal Guardian's cheque is enclosed.

B – THIRD PARTY DETERMINATION – Check one of the two boxes below. If the second box is marked, you must provide the information

This account is not intended to be used by, or on behalf of, a 3rd party.

This account is intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below.

Name and Address of 3rd party: _____

Date of Birth of 3rd party (if an individual): _____

Nature of Principal Business or Occupation of 3rd party: _____

If 3rd party is a corporation, provide incorporation number and place of issue: _____

Describe relationship between account holder and 3rd party, in respect of the account: _____

C – POLITICAL PERSON DETERMINATION – Check one of the two boxes below. If the second box is marked, you must provide the information

Neither I/we nor, to my knowledge, a relative* of mine, holds or has ever held any of the following positions in or on behalf of a country other than Canada:
 a head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attaché or counsellor; a military general (or higher rank); a president of a state owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature.

The left statement is NOT true. The position held by me/us or my relative is/was: _____ in the country of: _____ and the source of the funds for this OCP payment is: _____

(Provide additional information on a separate page if required.)

*Relative includes: a parent, child, spouse or common-law partner, his or her parent, brother, sister, half-brother or half-sister.

D – OPTIONAL CASH PURCHASE

Please make your cheque payable to Alliance Trust. No cash, wires, money orders or bank drafts. No third party cheques will be accepted until your account is compliant. Please write your Holder Account Number and the Reinvestment Plan Company Name on your cheque.

Attached is/are a cheque(s) for Please ensure you adhere to the appropriate Plan Minimum/Maximum \$

\$,			.		
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Please ensure your payment and form is submitted well in advance of the Optional Cash Purchase deadline for your Reinvestment Plan to allow for timely processing.

Please note: No interest will be paid on the funds held pending purchase. Cheques must be current dated. Notification of receipt of cheques will not be mailed to you.

Please Print Clearly	SIN, Driver's License and Province of Issue and/or Home Phone # - 1	SIN, Driver's License and Province of Issue and/or Home Phone # - 2
	1. _____ 2. _____	1. _____ 2. _____

CONFIRMATION and CONSENT:

I/We confirm that I/we have read, fully understand and agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I/We consent to Alliance Trust confirming my/our identity by verifying my/our personal information with a credit reporting service. I/We understand that such search has no bearing on my/our credit scores. I/We also confirm the completeness and accuracy of the information I/we have provided in this Optional Cash Purchase (OCP) - Participant Declaration form.

Further, the signatory(ies), if signing on behalf of an entity, certify that either (i) no individuals own or control, directly or indirectly, 25% or more of the entity; or (ii) submitted with this form is a list of all individuals (with addresses and occupations) who own or control, directly or indirectly, 25% or more of the entity.

To be valid, this form must be signed by all registered account holder(s) or applicable authorized individual(s). Otherwise, your OCP will not be processed and will be returned.

Signature 1 - Please keep signature within the box	Signature 2 - Please keep signature within the box	Day	Month	Year

Privacy Notice

Alliance Trust is committed to protecting individuals' personal information. In the course of providing our services, we receive non-public personal information - from transactions we perform for investors, forms sent to us, other communications we have with investors or representatives, etc. This information could include name, address, social insurance number, social security number, securities holdings and other financial information. We use this to administer investor accounts, to better serve investors' and clients' needs and for other lawful purposes relating to our services. We have prepared a Privacy Code to tell you more about our information practices and how personal information is protected. It is available at our website, www.alliancetrust.ca, or by writing us at 1010, 407 - 2nd Street S.W, Calgary, Alberta, T2P 2Y3.

Please return completed form to:

Alliance Trust Company, 1010, 407 - 2nd Street S.W, Calgary, Alberta, T2P 2Y3