



8th Floor, 100 University Avenue Toronto, Ontario M5J 2Y1 Telephone 1-866-586-7638 www.investorcentre.com/fortisinc

Use a black or blue nen P	rint in		Holder Account Number
Use a <u>black</u> or <u>blue</u> pen. P CAPITAL letters inside the areas as shown in this exam	grey ABC 1	2 3 X	C
Please complete the information	ition fields below (print clearly) in fu	ull	
Registered Name in which ac	count is held (eg. John Smith)		
Apt.	Street Number	Street Name	
City			Prov. / State Postal / Zip Code

# **Reinvestment Enrollment - Participant Declaration Form**

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the Regulations made thereunder (collectively, the "Act") require that Computershare Trust Company of Canada collect and record specified information on accounts it opens for individuals or entities under a Plan.

Please read Instructions below before completing the Reinvestment Enrollment - Participant Declaration Form on the reverse.

#### **INSTRUCTIONS**

In order that Computershare may comply with its legal obligations under the Act, this declaration and enrollment form must be completed in full and signed by all registered holder(s). Otherwise Computershare cannot process your enrollment.

## Part A - PARTICIPANT DECLARATION

If a plan account is registered to:

- 1) an individual account holder or more than one holder each individual must complete their Date of Birth and Principal Business or Occupation.
- 2) a Corporation it <u>must</u> mail or hand-deliver this declaration and enrollment form along with a copy of its official corporate records relating to the authority to operate this account. Neither Date of Birth nor Principal Business or Occupation is required to be completed. Mark the applicable account holder status box.
- 3) a Trust, Partnership, or an unincorporated Fund or Organization Complete the field for Principal Business or Occupation. Date of Birth is not required to be completed. Mark the applicable account holder status box.

As space on the front of this form is limited to 2 holder declarations and signatures, photocopies of this form may be made if required.

### Part B – THIRD PARTY DETERMINATION

In order that Computershare may comply with its legal obligations under the Act, you must check one of the two boxes provided with regard to any third party interest in the account, and fill in the additional fields if required, including a description of the relationship. For example, are you an agent, custodian, attorney, or legal guardian, or otherwise holding the account on behalf of a spouse, relative, business partner or friend?

#### Part C - ENROLLMENT PARTICIPATION

This section must be completed to process your request for enrollment.

Regi	stered Name in whic	h account is	held (e.g. J	ohn Smith)	)								
													FTSQ
=													
Re	investment	Enrol	Iment -	- Parti	icipai	nt Declarati	on For	m					
<b>A</b> –	PARTICIPANT	Γ DECLA	ARATION	ı									
	I/We, the account h	e, the account holder(s) named above, hereby certify as follows:											
	1) Date of Birth:	Dav	Month	Yea	r	Principal Busin	ess or Occu	oation:	(e.g. cashier, student, retired, accounting firm)				a firm)
	2) Data of Dirth.		WOTH	160	'	Dringing Dugin	0	action.	(e.g. c	Jasiliei,	Student, re	accountin	y <i>)</i>
	2) Date of Birth:	Day	Month	Yea	r	Principal Busin	less of Occu	oation:	(e.g. c	cashier,	student, re	tired, accountin	g firm)
and that the account holder is (Check the appropriate account holder status box, if applicable):													
	a Corporation, (Required doc				ted Fund	or Organization	I	a Financial Entity of Section B below.				exempt from Thir	d Party Determination in
В-	THIRD PARTY	/ DETER	RMINATIO	ON – Che	eck one o	of the two boxes be	low. If the s	econd box is marke	ed, you	must p	rovide the	information	
	This account	e used		This account is intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below.									
	intended to b by, or on beh			Name of 3rd party:									
	3rd party.			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:												
<b>C</b> –	ENROLLMEN	T PARTI	CIPATIC	N									
	n to participate in Fu nases.	ll Reinvestm	nent. All divi	dends/dist	ributions	payable on all eligibl	le holdings n	ow held and any futur	re holdi	ings in t	his accour	t will be reinves	ted including optional cash
Impo instru	rtant Note: In order actions provided in the	to make ar e Optional 0	n optional ca Cash Purcha	sh contrib se/Payme	ution, you nt – Parti	ur account must first cipant Declaration Fo	comply with orm and com	Federal Anti-Money ply as applicable.	Launde	ering an	d Terroris	Financing Legi	slation. Please review the
that p	participation in the pl	an will conti	nue until I/w ospectus or I	e notify Co	omputers	hare in writing that I/	we desire to	terminate participation	n. I/We	e ackno	wledge that	at withdrawals fr	overns the plan. I/We agree com the plan will be subject ovided in this Reinvestmen
	e valid, this form m			gistered a	ccount h	older(s) or applicab	ole authorize	ed individual(s). If yo	ou do n	not sign	and retu	rn this form, yo	u will continue to receive
Signa	ture 1 - Please keep s	signature with	hin the box			Signature 2 - Please k	eep signature	within the box			Day	Month	Year
												/	/

## **Privacy Notice**

Computershare is committed to protecting your personal information. In the course of providing services to you and our corporate clients, we receive non-public personal information about you - from transactions we perform for you, forms you send us, other communications we have with you or your representatives, etc. This information could include your name, address, social insurance number, securities holdings and other financial information. We use this to administer your account, to better serve your and our clients' needs and for other lawful purposes relating to our services. Some of your information may be transferred to services in the U.S.A. for data processing and/or storage. We have prepared a Privacy Code to tell you more about our information practices, how your privacy is protected and how to contact our Chief Privacy Officer. It is available at our website, computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario, M5J 2Y1. We will use your social insurance number for income reporting. We may also ask for your SIN as an identification-security measure if you call or write to request service on your account; however you may decline this usage. Computershare will use the information you are providing in order to process your request and will treat your submission of this form as your consent to us so doing.

Please return completed form to:

Computershare, 8th Floor, 100 University Ave, Toronto Ontario M5J 2Y1