

AUTHORIZED GROUP SERVICES

Your application is subject to acceptance by Teranet Inc. and its affiliates ("Teranet"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purposes of administration of and access to systems, products and services. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190.

1. ACCOUNT HOLDER INFORMATION

ACCOUNT NAME (EXISTING ACCOUNT HOLDERS ONLY) _____ ACCOUNT NUMBER (EXISTING ACCOUNT HOLDERS ONLY) _____

ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) LEGAL NAME _____

2. INDIVIDUALS ASSOCIATED WITH THIS GROUP (PLEASE PRINT)

GENERAL TERMS AND CONDITIONS: (i) If any individual listed below does not hold a Teranet issued Portas® Personal Security Licence (PSL), a PSL Application (Form 300) must be included for each individual. (ii) An Account Holder should not list any services an individual uses under another account. (iii) The undersigned Account Holder hereby authorizes Teranet to issue to the Applicant(s) listed in Section 2 below, a Personal Security Licence which will allow for access to the Authorized Services identified and use of the undersigned's Account. The Account Holder acknowledges and agrees to be responsible for all charges incurred by the Personal Security Licence Applicants through the use of the Licence(s). The Account Holder acknowledges that it must report any loss, misuse or compromise of the Licence(s) assigned to its Account as soon as it becomes aware of same. (iv) Each Applicant listed in Section 2 below must complete a Personal Security Licence Application. (v) PSL Holders and Account Holders shall provide updated information to Teranet whenever changes occur with respect to information provided in a PSL Application. Use of the PSL is subject to further terms and conditions as set in the Teranet Personal Security Licence Terms and Conditions.

GROUP AUTHORIZATION TERMS AND CONDITIONS: The undersigned Authorized Account Holder Representative hereby authorizes Teranet to issue to the Applicant(s) listed in Section 2 a Personal Security Licence (PSL) which will allow for access to the Authorized Services indicated. For all applicants, this includes the use of the Account Holder's Authorized Services account. The Account Holder acknowledges and agrees to be responsible for all charges incurred by the PSL Applicants through the use of PSLs. The Authorized Account Holder Representative shall provide updated information to Teranet whenever there are changes to the group listed in Section 2 or changes to the identified Authorized Services.

THE FOLLOWING ADDITIONAL CONDITIONS APPLY TO TERAVIEW: Through its Teraview Account Application, the Account Holder may authorize Teranet to access its bank accounts for the payment of charges, fees and taxes and in the case of electronic registration, registration fees (including statutory and service fees) and applicable land transfer and other taxes, as set out in the Teraview Terms & Conditions. For each Applicant listed below select the Electronic Registration Bank Account (ERBA) access option where the Account Holder has specified an ERBA for the payment of registration fees (including statutory and service fees) and applicable land transfer and other taxes, as set out in Teraview Terms & Conditions. The Account Holder is solely responsible for ensuring that any laws, regulations or other requirements with respect to the handling of trust funds are complied with. The ERBA information must be provided on the Teraview Electronic Registration Bank Account (ERBA) Payment Plan Application (Form 102). I agree to the ERBA Access set out below.

Authorized ERBA Signing Officer Name (Please Print) _____ Authorized ERBA Signing Officer Signature (I have the authority to bind the Account Holder) _____

USER NAME	USER STATUS			APPLICABLE AUTHORIZED SERVICES		ERBA ACCESS		INSTRUMENT ACCESS ADMINISTRATOR		RSA Token	
				Current	Requested	Teraview		Teraview		Teraview	
				Transfer	Add	Suspend	Teraview®	Teraview	Grant	Suspend	Grant
FIRST NAME _____ MIDDLE NAME/INITIAL _____ LAST NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST NAME _____ MIDDLE NAME/INITIAL _____ LAST NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST NAME _____ MIDDLE NAME/INITIAL _____ LAST NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST NAME _____ MIDDLE NAME/INITIAL _____ LAST NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST NAME _____ MIDDLE NAME/INITIAL _____ LAST NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST NAME _____ MIDDLE NAME/INITIAL _____ LAST NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE ACKNOWLEDGEMENT (PLEASE PRINT)

FIRST NAME _____ MIDDLE NAME AND/OR INITIAL _____ LAST NAME _____

By signing below, the Authorized Account Holder Representative confirms that (i) it has verified the accuracy of the information it has provided (ii) agrees to the terms and conditions of the requested Authorized Services which are located at <https://www.teraview.ca> (iii) use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder and applicable terms and conditions and (iv) has authority to bind the Account Holder. Sign and send this and any related forms including your Personal Security Licence Application to Teranet for its review and acceptance. For transfer of PSL Holders to new users, the applicant must complete and attach a Personal Security Licence Application (Form 300). By signing below, I agree to have Teranet debit my Teraview Deposit Account for any applicable processing fees and Teranet Hard Token fee, if applicable.

X _____ DATE (MM/DD/YYYY) _____
 AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER)

On behalf of the Account Holder and its User(s), I agree to Teranet Inc. sending newsletters containing news, updates and promotions regarding Teranet Inc.'s products. You and any of your Users can withdraw your consent at any time by contacting Teranet Inc. as set out below. Even if you unsubscribe, you may still receive messages from us on Teraview transactions, security and other account matters.

FAX THIS FORM AND ATTACHMENTS TO TERANET INC.: 416-360-6069 OR MAIL. TERANET INC. IS LOCATED AT 123 FRONT STREET WEST, SUITE 700, TORONTO, ONTARIO M5J 2M2. PLEASE DO NOT EMAIL THIS FORM.

YOU MAY ALSO CONTACT TERANET INC. BY CALLING 416-360-5263 OR VISITING US ON OUR WEBSITE AT WWW.TERANET.CA.

Requirements Checklist

Section 1 – Account Holder Information:

- Account Name & Account Number (existing Teraview accounts only)
- Business/Firm/Organization Name (Account Holder)

Section 2 – Individuals Associated with this Group:

- User Name: List user to be added, suspended or transferred
- Check the applicable services required for the user
- Grant user access to ERBA and Instrument Access Administrator if required
- If grant ERBA access is checked, then the Authorized ERBA Signing Officer's name and signature is required
- RSA Token will be required only if the user will be signing instruments for completeness and/or release

Section 3 – Authorized Account Holder Representative Acknowledgment:

- Authorized Account Holder Representative's name, signature and date.