

# Change of Address Form

To change your address, please complete the form below. Print clearly and provide as much information as possible, so we can update our records accurately. After your have completed the form please mail to:

TSX Trust  
P.O Box 700  
Station B  
Montréal, QC, H3B 3K3  
CANADA  
Fax: 1-888-249-6189  
[inquiries@astfinancial.com](mailto:inquiries@astfinancial.com)

Date: \_\_\_\_\_

Shareholder / Security Holder Account #: \_\_\_\_\_  
*(from cheques, certificates, statements or correspondence)*

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

*Please note that the First name(s), Last name(s) and Initial(s) must match the informations recorded on the account(s)*

**Previous Address**

Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

City: \_\_\_\_\_

Province / State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal code / Zip Code: \_\_\_\_\_

**New Address**

Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

City: \_\_\_\_\_

Province / State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal code / Zip Code: \_\_\_\_\_

**Contact Information**

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Please list the names of the companies for which you are a security holder, and for which TSX Trust is the transfer agent. Please also note that all registered holders must sign this request.

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**Signature:**

**Signature:**