

Consumer Share Purchase Plan

(NL and P.E.I. residents only)



9th Floor, 100 University Avenue Toronto, Ontario M5J 2Y1 Telephone 1-866-586-7638

The following abbreviations shall be construed as though the words set forth below opposite each abbreviation were written out in full where such abbreviation appears:

TEN COM - as tenants in common (when one of the holders dies, the shares do go through the estate to the deceased's beneficiaries)

JT TEN - as joint tenants with rights of survivorship (when one of the holders dies, the shares go to the other holder without going through the estate (and being probated).

Holder Accou	int Number	www.computersnare.com						
С				I				

Register shares in the name of: (eg. John Smith + Jane Doe JT TEN)

Apt. Street Number Street Name
City (NL and P.E.I. residents only) Prov. Postal / Zip Code

Enrollment And Optional Cash Purchase (OCP) - 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 collect and record specified information and take other compliance measures on new or existing participants who elect to purchase additional securities under the reinvestment plan. Please read the instructions below before completing the form on the reverse.

INSTRUCTIONS

The Act requires Computershare to verify the identity of plan account holders or their representatives. To make an OCP, (i) we require that you provide a 'cheque' (personal or certified; min. \$1.00, non-refundable) with a current home address that will clear through a Canadian financial institution or a Canadian branch of a foreign bank authorized under the Bank Act (Canada); and (ii) we will attempt to verify the personal information that you have provided to us by conducting a search through a credit reporting service, which will base its report on your Canadian credit history. If you don't think you have a Canadian credit history of at least 6 months duration or do not consent to such a search, please contact our National Customer Contact Centre at the telephone number above before submitting this form. **Note**: Cheque(s) should be made payable to Computershare. A joint 'cheque' is acceptable, provided one of the names is the account holder.

Please complete this form in FULL to enroll and make an OCP. Once you have satisfied the requirements of the Act for both enrollment and OCP, Computershare will code your account as "Compliant". Further OCP's simply require a valid payment and completion of part D – ENROLLMENT AND OPTIONAL CASH PURCHASE only.

Part A - PARTICIPANT DECLARATION - If a plan account is registered to:

- 1) an individual over age 12 or account held in more than one name each must complete their Date of Birth and Principal Business or Occupation. Payment may be made by <u>either</u>: i) a 'cheque' for the total OCP drawn from a bank account in the name of all such individuals, or ii) a separate 'cheque' from each individual which together total the OCP amount.
- a child under age 12 complete Date of Birth and indicate "Student" or "Child" in the Principal Business or Occupation field. A Parent or Legal Guardian must provide a 'cheque' (min. \$1.00), and also write his/her Date of Birth on line 2, in order that we may conduct the search described above. Mark applicable account holder status box.
- 3) a Corporation, Trust, Partnership, or an unincorporated Fund or Organization This form must be completed and signed by the individual(s), not more than 3, who will be authorized to give instructions for the account. Each individual must provide their Date of Birth and a 'cheque' (min. \$1.00). Principal Business or Occupation is NOT required. 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.
 - In addition, mark applicable account holder status box, and:
 - For a Corporation, we require (i) a copy of its records relating to the authority to operate this account (e.g., excerpts of articles, by-laws and/or board resolutions); (ii) either a certificate of corporate status and a list of directors or another record that confirms its existence and includes a list of its directors (e.g., a filing under securities laws); and (iii) the occupation of each of its directors.
 - For a Trust, Partnership, or an unincorporated Fund or Organization, complete Principal Business or Occupation of the entity. Also, we require a copy of its partnership agreement, articles of association or other document that evidences the entity's existence.

Part B – THIRD PARTY DETERMINATION

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 – POLITICAL PERSON DETERMINATION

Computershare is required to determine if account holders currently hold or have previously held a foreign political position or are related to a political person, past or present. You must check one of the two boxes provided and complete the additional fields if applicable.

Part D – ENROLLMENT AND OPTIONAL CASH PURCHASE

Check one of the two boxes provided. OCP instructions and investment details are also included on the reverse. Complete the \$ amount and ensure you have a valid payment. Your Social Insurance (SIN), Driver's License and Province of Issue and/or Home Phone Number may improve our ability to verify your identity. Due to limited space, there is only room for 2 numbers. Please sign and date the form to confirm your understanding of the terms and conditions of the plan and to consent to identity search through the credit reporting service. If you do not consent to the latter, please be sure to contact us at the telephone number at the top of the form. If you are an entity, you must provide certification and information regarding ownership (direct or indirect).

Enrollment And Optional Cash Purchase (OCP) - Participant Declaration Form

Please cor	nplete the front of this for	m as well as the	e fields below.								
A – PA	RTICIPANT DEC	LARATION	I - I/We, the account hold	ler(s) named above, hereb	y certify	as follows:					
1) D	ate of Birth: Day	Month	Year	Principal Business or O	ccupatio	n:	(o.g. coshior	ctudant ratir	ed, accounting firr		
2) D			Teal			-		Student, retir	eu, accounting ini	11)	
2) U	ate of Birth: Day	Month	Year	Principal Business or O	ccupalio	n:	(e.g. cashier,	student, retir	ed, accounting fire	n)	
and			• •	er status box, if applicab	le):						
	a Corporation, Trust, Part Organization. (Required of	nership, or an un locuments enclos	incorporated Fund or sed)	a Financial Entity or S Party Determination	Securities in Sectior	dealer and is exem B below. (Proceed	pt from Third to part C)		er age 12. A Paren que is enclosed.	t or Legal Gu	ardian's
B – TH				ne two boxes below. If t				provide the	information		
	This account is not	ot		ed to be used by, or on be						elow.	
	intended to be used by or on behalf of, a 3rd		Name and Address of	3rd party:							
	party.		Date of Birth of 3rd pa	arty (if an individual):							
			Nature of Principal Bu	isiness or Occupation of 3r	d party:						
			If 3rd party is a corpor	ration, provide incorporatio	n numbe	r and place of issu	e:				
			Describe relationship	between account holder a	nd 3rd pa	arty, in respect of th	ne account:				
C – PO	LITICAL PERSO		MINATION – Check	one of the two boxes b	oelow. I	f the second box	t is marked, yo	ou must pro	vide the inform	ation	
П	Neither I/we nor, to my	knowledge, a re	elative* of mine, holds or	has ever held any of the	П	The left statemer	nt is NOT true. 1	The position I	held by me/us or r	ny relative is/	/was:
	01		country other than Canac ber of the executive cour							in	the country of:
	member of a legislatu	re: a deputy min	ister (or equivalent); an a military general (or highe	nbassador or an				and the	source of the fund	Is for this OC	P payment is:
	state owned company president of a political	or bank; a head	of a government agency	; a judge; or a leader or							
				or his or har parent broth	or distor	(l information	on a separate pag	je if required.	.)
D – FN			•	er, his or her parent, broth			11-515101.				
	I wish to participate in	both Full Reinve	estment and OCP. All dist	tributions payable on all		I am already enro	olled and wish to	o make an O(CP.		
	eligible holdings now h including OCPs.	neld and any futu	ure holdings in this accou	nt will be reinvested							
Please ma	ke your cheque payabl	e to Computers	hare. No cash or wires.	Attached is/are a c							
until your	No third party cheques, bank drafts, or money orders will be accepted until your account is compliant. Please write your Holder Account Number Minimum - \$25.00 per quarter Maximum - \$20,000.00 per year										
and the Re	investment Plan Compar	ny Name on you	r cheque.				Ŧ		,		
This form s	hould be used ONLY for F	Fortis Inc The er	nclosed payment will be ap	oplied ONLY to the Holder A		lumber referenced	above. Your payr	ment must be	received by		
funds will b	e invested on the following	g business day.	stments are made March U	1, June 01, September 01,	Decemb	er 01 of each year.	If the investment	t date is a nor	n-trading day,		
Please no	te: No interest will be p	aid on the fund	s held pending purchas	se. Cheques must be cur	rent date	ed. Notification of	receipt of chec	ques will not	t be mailed to yo	u.	
	SIN, Driver's License a	nd Province of	Issue and/or Home Pho	one # - 1	SI	N, Driver's Licens	e and Province	e of Issue an	d/or Home Phon	e # - 2	
Please	1.				Ш	1.					
Print	2.				ш	2.					
Clearly											
I/We confir	RMATION and C m that I/we have read, fu	lly understand a	nd agree to be bound by t	the terms and conditions of	f the pros	spectus or brochure	e that governs th	e plan. I/We	consent to Compu	itershare con	firming my/our
				 I/We understand that su Participant Declaration for 		ch has no bearing o	on my/our credit s	scores. I/We	also confirm the c	ompleteness	and accuracy
				(i) no individuals own or			ctly, 25% or mo	ore of the en	tity; or (ii) submit	ted with this	s form is a list
				, directly or indirectly, 25		•					
) or applicable authorize			, your OCP will				
Signature '	 Please keep signature 	e within the box	Sig	nature 2 - Please keep sig	nature w	ithin the box		Day	Month	Year	

Computershare 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, security 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.computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario, M5J 2Y1.

Please return completed form to: