



PROVINCE OF BRITISH COLUMBIA

SELF-DIRECTED RRSP TRANSFER FORM

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Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the Employee Investment Act, RSBC 1996 c. 112 (Act), and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1

This form is to be completed only to change the nominee on share certificates that are still in escrow. If applicable, please attach copy of the completed T2033.

Form with fields: ESOP / EVCC Corporation Name, Employee Shareholder Name, Mailing Address, No. of shares to be transferred, Total book value of transferred shares, Date shares paid in full, Share Certificate No., Name of Spouse, Spouse's S.I.N.

I hereby declare that my new SDRRSP Administrator ("Trustee") is aware that the above mentioned shares I am transferring to my SDRRSP are (Corporation's name) ESOP/EVCC shares, and that such shares are subject to the terms and conditions under the Escrow Agreement among the Corporation, RBC Dexia Investor Services Trust ("Escrow Agent") and the Province of British Columbia.

I also request the Province of British Columbia to provide my new Trustee with a Letter of Undertaking confirming that the Escrow Agent will keep my shares in escrow for 3 YEARS (ESOP) / 5 YEARS (EVCC), and that my RRSP Trustee will be contacted for instructions for any releases from escrow.

(Date)

(Signature of Employee Shareholder)

SHARES ACCEPTANCE BY NEW SDRRSP TRUSTEE AND CONFIRMATION OF DESIGNATED BENEFICIARY

TO BE COMPLETED BY THE NEW SDRRSP ADMINISTRATOR. Fields: Trust Company Name, Mailing Address, Contact Name (SDRRSP Administrator's Name), Contact Position, Contact Phone No., Contact Fax No.

LETTER OF UNDERTAKING TO BE ISSUED TO: (NOTE: Complete this section if contact and address different from above). Fields: Trust Company Name, Mailing Address, Contact Name, Contact Position, Contact Phone No., Contact Fax No.

We, the undersigned, accept the purchase of the above noted shares to SDRRSP Account No.: _____, registered in the name of: _____, and we also confirm that the account holder has named the following person as his/her designated beneficiary:

(Name of Designated Beneficiary)

(Relationship)

(Date Accepted by RRSP Trustee)

(Trust Company Name)

c/s

per: (Signature of Authorized RRSP Official)