

**Computershare** 

8th Floor, 100 University Avenue Toronto, Ontario M5J 2Y1 Telephone 1-800-564-6253 www.investorcentre.com/alamosgold

				Holder Account Number					
Use a <u>black</u> or <u>blue</u> pen. Pri CAPITAL letters inside the areas as shown in this examp	grey   A B C   1	2 3 X		С					
Please complete the informati	on fields below (print clearly) in								
Registered Name in which account is held (eg. John Smith)									
				П					
Ant	01 111 1	0:							
Apt.	Street Number	Street Name							
Apt.	Street Number	Street Name							
City	Street Number	Street Name			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.

Regist	tered	Name in which account is	held (e.g.	John Smith)					
									GAMQ
Rei	nv	estment Enrol	lment	- Partici	pant Declaration	on Form			_
A – F	PAF	RTICIPANT DECLA	RATIO	N					
I	I/We	, the account holder(s) nan	ned above,	hereby certify a	s follows:				
	1) Da	ate of Birth: Day	Month	Year	Principal Busine	ss or Occupation:	(e.g. cas	shier, student, retired, a	ccounting firm)
2	2) Da	ate of Birth:			Principal Busine	ess or Occupation:			
	,	Day	Month	Year			(e.g. cas	shier, student, retired, ac	ccounting firm)
ć	and t	that the account holder is (	Check the	appropriate ac	count holder status box,	if applicable):			
		a Corporation, Trust, Partner (Required documents enc			Fund or Organization		ancial Entity or Securitie on B below. <b>(Proceed</b>		from Third Party Determination in
B – 1	ГΗΙ	RD PARTY DETER	RMINAT	ON – Check	one of the two boxes belo	ow. If the second b	ox is marked, you m	ust provide the inform	nation
ı		This account is not		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 be used by, or on behalf of, a 3rd party.		Name of 3rd party:					
				Address of 3rd	d 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 inco	rporation number an	d place of issue:		
				Describe relat	ionship between account h	older and 3rd party,	n respect of the accou	unt:	
C – E	ENF	ROLLMENT PARTI	CIPATIO	ON					
		Full Reinvestment Please mark this box if your reinvested.	ou wish to p	articipate in Ful	I reinvestment. All dividend	ds/distributions payat	ole on all eligible holdir	ngs now held and any fu	uture holdings in this account will be
		Partial Reinvestment Please mark this box and select the number of whole shares\units you wish to have dividends\distributions reinvested on eligible holdings. The dividend\distribution on all remaining shares\units or any future holdings, will be paid in cash.							
that pa	articip term	pation in the plan will contin	nue until I/\ spectus or	we notify Comp	utershare in writing that I/w	re desire to terminate	participation. I/We a	acknowledge that withdr	e that governs the plan. I/We agree rawals from the plan will be subject have provided in this Reinvestment
		d, this form must be signe listribution payments in c		egistered acco	unt holder(s) or applicabl	e authorized individ	lual(s). If you do not	t sign and return this f	form, you will continue to receive
Signatu	ure 1	- Please keep signature with	nin the box		Signature 2 - Please ke	ep signature within the	e box	Day M	lonth 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 servicers 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