

**FORM 54-101F3**  
**OMNIBUS PROXY (DEPOSITORIES)**

**Note: Terms used in this Form have the meanings given to them in National Instrument 54-101. The use of this Form is referenced in sections 1.1, 2.3, 5.4 and 8.2 of National Instrument 54-101.**

[Letterhead of Depository]

**OMNIBUS PROXY**

Subject to the paragraph that follows, [the undersigned], being a registered holder or proxy holder in respect of securities of the reporting issuer specified below, as at the beneficial ownership determination date, hereby appoints each of the persons or companies identified in the attached schedule, in respect of the corresponding securities referred to below, with power of substitution in each, to attend, vote and otherwise act for and on behalf of [the undersigned] to the extent of the number of securities specified, in respect of all matters that may come before the meeting of securityholders described below, and at any adjournment or continuance thereof.

The appointees shall not vote, or give a proxy requiring or authorizing another person or company to vote, the securities represented by this omnibus proxy except in accordance with voting instructions received from the beneficial owners whose securities are represented by this omnibus proxy or in accordance with other legal authority to vote the securities.

This instrument supersedes and revokes any prior appointment of proxy made by [the undersigned] with respect to the voting of the securities specified below at such meeting, or at any adjournment thereof.

Reporting issuer: \_\_\_\_\_

Class/Series of Security: \_\_\_\_\_

ISIN Number: \_\_\_\_\_

Number of Securities: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Beneficial Ownership Determination Date: \_\_\_\_\_

*[Include date and signature]*

Schedule to Form 54-101F3

[Letterhead of Depository]

SCHEDULE TO OMNIBUS PROXY

Participant Security Positions

Reporting issuer: \_\_\_\_\_

ISIN Number: \_\_\_\_\_

Effective Date/Beneficial  
Ownership Determination Date: \_\_\_\_\_

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Participant	Total Number of Securities of the relevant class or series
[Name/address of participant]	[position held by participant]
[Name/address of participant]	[position held by participant]
[Name/address of participant]	[position held by participant]
	_____
Total Number of Securities held by Participants for the relevant class or series	[Total]