



Toronto, Ontario M5J 2Y1 Telephone 1-800-564-6253 Facsimile 1-888-453-0330 416-263-9394

www.investorcentre.com/hydroone

Hear block on blue and Drink in	Holder Account Number www.investorcentre.com/nydroone				
Use a <u>black</u> or <u>blue</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.	C				
Please complete the information fields below (print clearly) in full					
Registered Name in which account is held (eg. John Smith)					
Apt. Street Number Street Name					
City	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 must 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.

Registered	Name in which accour	nt is held (e.g.	John Smith	n)							
	Traine in miles are	11.10 1.1012 (2.10	, o	·/							
											HYOQ
Reinv	estment Enr	ollment	- Part	icipa	nt Declarat	ion Form					
A – PAF	RTICIPANT DEC	LARATIO	N								
I/We,	the account holder(s)	named above,	hereby ce	rtify as fol	lows:						
1) Da	ite of Birth:	Month	Yea	ar	Principal Busir	ness or Occupation: _		g. cashier,	student, re	tired, accounting	ng firm)
2) Da	ite of Birth:				Principal Busir	ness or Occupation:					,
, .	Day	Month	Yea	ar				g. cashier,	student, re	tired, accountin	ng firm)
and t	hat the account holder	is (Check the	appropria	ite accou	nt holder status bo	x, if applicable):					
	a Corporation, Trust, Pa (Required documents			ated Fund	or Organization		nancial Entity or Setion B below. (Pro			exempt from Thi	rd Party Determination in
B – THII	RD PARTY DET	ERMINAT	ON – Ch	eck one	of the two boxes be	elow. If the second l	oox is marked, y	ou must p	rovide the	information	
inten	This account is not	used	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		Name of 3rd party:								
	3rd party.		Address of 3rd party:								
			Date of Birth of 3rd party (if an individual):								
			Nature o	e of Principal Business or Occupation of 3rd party:							
If 3rd party is a Corporation, provide incorporation number and place of issue:											
Describe relationship between account holder and 3rd party, in respect of the account:											
			Describe	rolations	inp between account	tholder and ord party,	in respect of the	4000unt			
C – ENF	ROLLMENT PAR	RTICIPATION	ON								
I wish to pa	rticipate in FULL Rein	vestment. All	dividends/	distributio	ns payable on all sed	curities now held or a	ny future holdings	in this acc	count will be	e reinvested.	
bound by the we notify C	e terms and conditions	s of the Plan an g that I/we desi	d confirm to re to termin	that I/we a	are eligible to participation. I/We acknow	ate in the Plan in acco	ordance with its te als from the Plan	rms. I/We will be subj	agree that ject to the t	participation in	understand and agree to be the Plan will continue untile tions of the Plan. I/We als
	l, this form must be s istribution payments		gistered a	account h	nolder(s) or applical	ble authorized indiv	idual(s). If you d	lo not sigr	n and retui	n this form, yo	ou will continue to receiv
Signature 1	- Please keep signature	within the box			Signature 2 - Please I	keep signature within th	ne box		Day	Month	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