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AGREEMENT OF INDEMNITY / AFFIDAVIT OF LOSS

EXHIBITS B & C

The undersigned (hereinafter called "Indemnitor/Deponent"), being duly sworn, deposes and says that:

(1) Indemnitor/Deponent is an adult who resides at : CITY / TOWN PROVINCE/STATE POSTAL / ZIP CODE and is the owner of or is acting in a representative or fiduciary capacity with respect to certain securities (thereinafter called "Original", whether one or more):

CERTIFICATE / BOND NO. NUMBER OF SHARES / BOND VALUE (\$) ISSUED BY / ISSUING CORPORATION REGISTERED IN THE NAME OF

(2) Indemnitor/Deponent further says that the aforesaid security or securities (hereinafter called the "Original", whether one or more) have been lost, stolen, destroyed or misplaced under the following circumstances: (Where kept / How lost / When missed - date of loss) :

(3) That said Original was [] or was not [] endorsed. (If endorsed, describe form of endorsement and state whether signature was guaranteed.):

(4) Indemnitor/Deponent has made or caused to be made diligent search for Original and has been unable to find or recover same, and that Deponent was the unconditional owner of Original at the time of loss, and is entitled to the full and exclusive possession thereof: that neither the Original nor the rights of Deponent therein have, in whole or in part, been assigned, transferred, hypothecated, pledged or otherwise disposed of, in any manner whatsoever, and that no person, firm or corporation other than Deponent has any right, title, claim, equity or interest in, to, or respecting Original or the proceeds thereof, except as may be set forth in Statement (5) following.

(5) (If Indemnitor's/Deponent's interest in the Original is in a representative or fiduciary capacity, indicate below the designation of such capacity, i.e. Administrator, Executor, etc., and the title of the estate, as follows):

Deponent is of the Estate of

(Specify names of any other persons having an interest in the Original. List them below and indicate the nature of their interest, such as heir, Legatee, etc., **Each beneficiary must sign this Agreement of Indemnity/Affidavit of Loss)

Table with 4 columns: NAME & ADDRESS, % OF INTEREST, NAME & ADDRESS, % OF INTEREST

(6) Indemnitor/Deponent makes this affidavit for the purpose of requesting and inducing the Issuing Corporation and its agents to issue new securities in substitution for the Original and TRAVELERS INSURANCE COMPANY OF CANADA to assume liability in respect thereof under its Indemnity Bond.

NOW, THEREFORE, in consideration of TRAVELERS INSURANCE COMPANY OF CANADA and or all its affiliates or successors assuming liability or liability attaching under its Indemnity Bond in favor of the issuing Corporation and its agents, the undersigned (jointly and severally, if more than one) hereby agree at all times to indemnify and save harmless TRAVELERS INSURANCE COMPANY OF CANADA and or all its affiliates or successors from and against any and all liabilities, losses, damages, judgments, costs, charges, counsel fees and expenses of every nature and character, which they may sustain or incur by reason or on account of assuming liability or liability attaching under its Indemnity Bond.

(7) Indemnitor/Deponent agrees that if the Original should ever come into his/her or anyone's hands, custody or power, the Indemnitor/Deponent will immediately and without consideration surrender the Original to the Issuing Corporation, its transfer agents, subscription agents, trustees or Travelers Insurance Company of Canada for cancellation.

(8) Signed, sealed and dated: / / Month Day Year

PERSONAL INDEMNITOR / DEPONENT SIGN HEREUNDER

Signature and Notary Public section with fields for signature, name, address, title, and commission expiration.

PERSONAL INDEMNITOR / DEPONENT SIGN HEREUNDER

SIGNATURE OF INDEMNITOR / DEPONENT - _____	PRINT NAME / ADDRESS / TITLE (if applicable) :
Sworn to and subscribed before me this ____ day of _____, 20 __, in the City of _____, in the Province/State	
of _____, in the Country of _____ before me personally appeared _____	
known to me to be the individual or shown to be the individual by way of identification, described above and who executed this agreement of indemnity/affidavit of loss, and he/she duly acknowledge to me he/she executed the same for the purpose stated above in section (6), and being duly sworn, did depose and say the statements therein contained are true.	
(Affix Notarial Seal)	<div style="display: flex; justify-content: space-between;"> _____ Notary Public _____ My Commission Expires </div>

PERSONAL INDEMNITOR / DEPONENT SIGN HEREUNDER

SIGNATURE OF INDEMNITOR / DEPONENT - _____	PRINT NAME / ADDRESS / TITLE (if applicable) :
Sworn to and subscribed before me this ____ day of _____, 20 __, in the City of _____, in the Province/State	
of _____, in the Country of _____ before me personally appeared _____	
known to me to be the individual or shown to be the individual by way of identification, described above and who executed this agreement of indemnity/affidavit of loss, and he/she duly acknowledge to me he/she executed the same for the purpose stated above in section (6), and being duly sworn, did depose and say the statements therein contained are true.	
(Affix Notarial Seal)	<div style="display: flex; justify-content: space-between;"> _____ Notary Public _____ My Commission Expires </div>

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SIGNATURE OF INDEMNITOR / DEPONENT - _____	PRINT NAME / ADDRESS / TITLE (if applicable) :
Sworn to and subscribed before me this ____ day of _____, 20 __, in the City of _____, in the Province/State	
of _____, in the Country of _____ before me personally appeared _____	
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(Affix Notarial Seal)	<div style="display: flex; justify-content: space-between;"> _____ Notary Public _____ My Commission Expires </div>

CORPORATE INDEMNITOR / DEPONENT SIGN HEREUNDER AND AFFIX SEAL

CORPORATE NAME: _____

SIGNATURE OF INDEMNITOR / DEPONENT - I HAVE AUTHORITY TO BIND CORPORATION /LLC /LLP

PRINT NAME OF AUTHORIZED OFFICER & TITLE: _____

ADDRESS: _____

Sworn to and subscribed before me this ____ day of _____, 20 __, in the City of _____, in the Province/State of _____, in the Country of _____ before me personally appeared _____ known to me to be the individual(s) or shown to be the individual(s) by way of identification, described above and who executed this agreement of indemnity/affidavit of loss, and they duly acknowledge to me they executed the same for the purpose stated above in section (6), and being duly sworn, did depose and say the statements therein contained are true.

(Affix Notarial Seal) _____
 Notary Public _____
 My Commission Expires

CORPORATE NAME: _____

SIGNATURE OF INDEMNITOR / DEPONENT - I HAVE AUTHORITY TO BIND CORPORATION /LLC /LLP

PRINT NAME OF AUTHORIZED OFFICER & TITLE: _____

ADDRESS: _____

Sworn to and subscribed before me this ____ day of _____, 20 __, in the City of _____, in the Province/State of _____, in the Country of _____ before me personally appeared _____ known to me to be the individual(s) or shown to be the individual(s) by way of identification, described above and who executed this agreement of indemnity/affidavit of loss, and they duly acknowledge to me they executed the same for the purpose stated above in section (6), and being duly sworn, did depose and say the statements therein contained are true.

(Affix Notarial Seal) _____
 Notary Public _____
 My Commission Expires