Filing Agent Authorization Form: Modification or Revocation of Authorization

Pursuant to this form, the Filer identified below intends to (select one option only and complete the relevant fields below):

☐ - **Option 1**: Modify (including to add or remove) the types of authorized activities for a Filing Agent that has been previously authorized to use and make filings on behalf of the Filer through SEDAR+; or

☐ - **Option 2**: Revoke the authorization for a Filing Agent that has been previously authorized to use and make filings on behalf of the Filer through SEDAR+

1. Name of filer (the "**Filer**"):

If organization	Full legal name:			System Identifier
If individual	Family name:	First given name:	Secondary given names:	System Identifier

2. Name of the Filer's Agent Authorizing Representative that is submitting and authorizing this form:

Family name:	First given name:	Secondary given names:

3. Name of filing agent (the "**Filing Agent**") whose authorization is being modified or revoked:

If organization	Full legal name:			System Identifier
If individual	Family name:	First given name:	Secondary given names:	System Identifier

Option 1: Modification(s) (applicable if "Option 1" has been selected above)

4. The Filer hereby authorizes the Filing Agent to use and make filings on behalf of the Filer through SEDAR+ from the date the modification is implemented as described under "Processing and Validation" below until notice to the contrary is received by the ASC in regards to the following areas of activity (for a list of filings and their related document types and access levels, please see the SEDAR+ Filing Inventory found at https://sedarplus.ca/onlinehelp//filings/filing-inventory/). The areas of activity you select below will replace the current authorized areas of activity whether previously authorized or not.

• Updates to Filer Profile	☐
• Securities Offerings	☐
• Continuous Disclosure	☐
• Applications	☐

• Exempt Market Offerings	☐
• Third Party Filings and Securities Acquisitions	☐

5.   This authorization applies to any of the Filing Agent's users at the time a filing is made through SEDAR+.

6.   This authorization is non-exclusive and the Filer may grant authorization to more than one Filing Agent at a time.

Option 2: Revocation (applicable if "Option 2" has been selected above)

7.   The Filer hereby revokes, from the date the revocation is implemented as described under "Processing and Validation" below, the authorization of the Filing Agent to use or make any filings on behalf of the Filer through SEDAR+.

Applicable in the case of either Option 1 or Option 2

8.   *For Filers located in Québec only* - It is the express wish of the parties that both the English and French versions of this form (French version available: https://www.sedarplus.ca/onlinehelp/wp-content/uploads/2023/01/2203-052_Filng-Agent-Authorization-Form-Amendment-or-Revocation_29-08-22_Fillable_French_V2.pdf) and, if applicable, all related documents, be binding on the parties.

Processing and validation

This form may be subject to further processing and validation. Accordingly, there may be a delay between the time you submit this form and time that the modifications or revocation made under this form are given effect in SEDAR+.

In witness whereof, a duly authorized representative of the Filer executes this authorization form. If I use an electronic signature to sign below, I consent to the use of this electronic signature and acknowledge that it has the same effect as if I were signing with pen and paper.

Name: _____

Title: _____

Date Signed: _____

_____
Signature of Agent Authorizing Representative