



Preferred Securities Distribution Reinvestment Plan

The Easiest Way to Compound the Growth of Your Mosaic Investment Without Fees

Enrolment Form

To be completed by a beneficial holder of Preferred Securities of Mosaic Capital Corporation ("Preferred Securities") and provided to the Plan Agent or that holder's broker, investment dealer, financial institution or other nominee, if that holder wishes to reinvest distributions on their Preferred Securities in additional Preferred Securities.

Your broker, investment dealer, financial institution or other nominee through which your Preferred Securities are held must advise Olympia Trust Company, as agent under the Plan (the "Plan Agent") of your participation in the Mosaic Capital Corporation (the "Corporation") preferred securities distribution reinvestment plan (the "Plan") no later than 5:00 p.m. (Calgary time) on the third business day immediately preceding the last business day of the month (or such other deadline as the Plan Agent may set from time to time) in order for the distribution for that month (and subsequent months) to be reinvested in the Plan.

I appoint Olympia Trust Company as my agent to receive all interest payments that may become payable on the Preferred Securities of the Corporation which I have enrolled in the Plan now or in the future, and direct Olympia Trust Company to invest these interest payments in the purchase of additional Preferred Securities (of the same class which I have enrolled in the Plan) of the Corporation in accordance with the provisions of the Plan, a copy of which I have received and read.

I hereby agree that all documents relating to the Plan and my participation therein, whenever prepared or received, including without limitation any documentation containing the complete or partial text of the Plan and this Distribution Reinvestment Plan Enrolment Form, shall be prepared exclusively in the English language. *Je consens par les présentes à ce que tous les documents liés au régime et à ma participation dans celui-ci, quelle que soit le moment où ils sont préparés ou reçus, notamment la documentation renfermant le texte intégral ou partiel du régime et le présent formulaire d'adhésion au régime de réinvestissement des distributions, soient préparés exclusivement en langue anglaise.*

Signature(s)

Name(s) of registered holder(s) (please print)

Address

City Province Postal Code

Date

Phone Number

Please direct questions to:

OLYMPIA TRUST COMPANY

2300, 125 - 9th Avenue SE
Calgary, AB T2G 0P6

Attention: Plans Administration

TELEPHONE: (403) 261-0900

FAX: (403) 265-1455

EMAIL: esop@olympiatrust.com