

**WHITEROCK REAL ESTATE INVESTMENT TRUST**

**DISTRIBUTION REINVESTMENT PLAN  
AUTHORIZATION**

**For Use by Holders of Units that are Registered Directly with  
CIBC Mellon Trust Company (the "Plan Agent")**

I hereby agree to participate in the Distribution Reinvestment Plan (the "Plan") and authorize WHITEROCK REAL ESTATE INVESTMENT TRUST (the "REIT") to forward to the Plan Agent, funds, as indicated below, to purchase new units (the "Plan Units") of the REIT in accordance with the terms and conditions set forth in the Plan. I understand that I may terminate my participation in the Plan at any time by notifying the Plan Agent and the REIT in writing.

**Please circle the appropriate number(s):**

1. (a) Full distribution reinvestment – to have the cash distribution on all units registered in the name(s) of the undersigned reinvested

**OR**

- (b) Partial distribution reinvestment – to have the cash distribution on the units registered in the name(s) of the undersigned reinvested as follows (include percentage of holdings to be reinvested);

\_\_\_\_\_

2. Optional contributions – in addition to the reinvestment of distributions under 1 the undersigned wishes to participate in the Plan through the investment of optional cash payments and has enclosed a payment of \$\_\_\_\_\_ (\$250 minimum) to be used towards the purchase of Plan Units.

NOTE: The total of box 2 must NOT exceed the maximum contribution per month.

Optional cash payments made by holders of Units will be invested in Plan Units on the first distribution payment date following receipt of payment. No interest will be paid on monies received as optional cash payments.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Registered Holder of Units

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Registered Holder of Units

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No

\_\_\_\_\_  
E-mail Address