



Enrollment Form

Plaza Retail REIT Distribution Reinvestment Plan

To: CST Trust Company ("CST")

I wish to enroll in the Plaza Retail REIT distribution reinvestment plan (the "Plan") in order to reinvest cash distributions received on trust units of Plaza Retail REIT.

Please refer to the text of the Plan before enrolling

Copies are available online at:

www.canstockta.com
www.plaza.ca

By signing this form, I request to be enrolled in the Plan, acknowledge that I have read the text of the Plan and that my participation in the Plan will be subject to its terms and conditions. I also acknowledge that my enrollment in the Plan will remain in effect until I otherwise notify CST, in writing, in accordance with the Plan.

PLEASE PRINT CLEARLY – To avoid delays and ensure your enrollment, please complete all fields

First Unitholder Name:	Date of Birth (DD/MM/YYYY):	Occupation:
Second Unitholder Name (if applicable):	Date of Birth (DD/MM/YYYY):	Occupation:
Third Unitholder Name (if applicable):	Date of Birth (DD/MM/YYYY):	Occupation:
Address: (street number and name, apartment number or suite):		
City:	Province:	Postal code:
Daytime Telephone: ()	Unitholder Account Number:	Unitholder Email (optional):

Your Unitholder Account Number is located on your Plaza Retail REIT distribution cheque.

Unitholder Signature

Second Unitholder Signature
(if applicable)

Third Unitholder Signature
(if applicable)

Date (DD/MM/YY)

Please see reverse of form for instructions and additional information.

Instructions:

1. IMPORTANT: If trust units are held by a corporation, partnership, association, agency, estate or trust, this form must be signed by a duly authorized signing officer whose title must be provided. CST may require submission of satisfactory evidence of authority of the person executing the form.
2. If trust units are jointly held, all unitholders must sign this form.
3. Participation in the Plan is limited to Canadian residents.
4. If your trust units are held in more than one account, a separate enrollment form must be completed for each account that you wish to participate in the Plan.
5. Non-registered beneficial holders (i.e., unitholders who hold their trust units through an intermediary, such as a financial institution, broker or other nominee) should review the participation section of the Plan and consult with that Intermediary to determine the procedure for participation in the Plan.
6. For inquiries, please contact CST Trust Company at 1-800-387-0825 or inquiries@canstockta.com
7. Once completed, please return the form to:

CST Trust Company
P.O. Box 700
Station B
Montreal, QC H3B 3K3

Fax: 888-486-7660

Note:

CST is soliciting this information in compliance with the Plan and Anti-Money Laundering and Anti-Terrorist Financing legislation. All information will be held in accordance with our Privacy Policy located at <http://www.canstockta.com/privacyPolicy.do>