

## Enrolment Form

### Goldcorp Inc. Shareholder Dividend Reinvestment Plan

To: AST Trust Company (Canada) ("AST")

I wish to enrol in Goldcorp Inc.'s Shareholder Dividend Reinvestment Plan (the "Plan") in order to reinvest  all or \_\_\_ % of cash dividends received on common shares of Goldcorp Inc. in additional common shares of Goldcorp Inc.

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

**Please refer to the Plan before enrolling**

Copies are available online at: [www.astfinancial.com/en-ca](http://www.astfinancial.com/en-ca) or Goldcorp Inc.'s website

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

First Shareholder Name:		Date of Birth (DD/MM/YYYY):	Occupation:
Second Shareholder Name (if applicable):		Date of Birth (DD/MM/YYYY):	Occupation:
Third Shareholder 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: (      )
S.I.N. / T.I.N.:	Shareholder Account Number	Shareholder Email (optional):	

Your Shareholder Account Number is located on your Goldcorp Inc. dividend cheque.

Shareholder Signature

Second Shareholder Signature  
(if applicable)

Third Shareholder Signature  
(if applicable)

Date (DD/MM/YY)

\_\_\_\_\_

**Instructions:**

1. **IMPORTANT:** If shares 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. AST may require submission of satisfactory evidence of authority of the person executing the form.
2. If shares are jointly held, all shareholders must sign this form.
3. If your shares are held in more than one account, a separate enrolment form must be completed for each account that you wish to participate in the Plan.
4. Non-registered beneficial holders (i.e., shareholders who hold their Goldcorp Inc. common shares through an intermediary, such as a financial institution, broker or other nominee) should consult with that Intermediary to determine the procedure for participation in the Plan.
5. By completing this Enrolment Form, you are deemed to have made the confirmations under the Plan.
6. The Corporation may deny the right to participate in the Plan if the Corporation deems it advisable under any laws or regulations.
7. For inquiries, please contact AST at 1-800-387-0825 or [inquiries@astfinancial.com](mailto:inquiries@astfinancial.com).
8. Once completed, please return the form to:  
AST  
P.O. Box 4229  
Station A  
Toronto, ON M5W 0G1  
Fax: 888-488-1416

**Note:**

AST Trust Company (Canada) 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 <https://www.astfinancial.com/ca-en>.