CANADA PENFUND
PENDFUND INCOME FUND I

REINVESTMENT ENROLLMENT - PARTICIPANT DECLARATION FORM

A – PARTICIPANT DECLARATION

I/We, the account holder(s) named above, hereby certify as

1) Date of Birth: _____ (Day Month Year) Principal Business or Occupation: _____ (e.g. cashier, student, retired, accounting firm)

2) Date of Birth: _____ (Day Month Year) Principal Business or Occupation: _____ (e.g. cashier, student, retired, accounting firm)

and that the account holder is **(Check the appropriate account holder status box, if applicable):**

☐ a Corporation, Trust, Partnership, or an unincorporated Fund or Organization **(Required documents enclosed, as applicable)**

☐ a Financial Entity or Securities Dealer and is exempt from Third Party Determination in Section B below. **(Proceed to part C)**

B – THIRD PARTY DETERMINATION – Check one of the two boxes below. If the second box is marked, you must provide the information

☐ This account is not intended to be used by, or on behalf of, a 3rd party.

☐ This account is intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below.

Name of 3rd party: _____

Address of 3rd party: _____

Date of Birth of 3rd party (if an individual): _____

Nature of Principal Business or Occupation of 3rd party: _____

If 3rd party is a Corporation, provide incorporation number and place of issue: _____

Describe relationship between account holder and 3rd party, in respect of the account: _____

C – ENROLLMENT PARTICIPATION

I wish to participate in **FULL Reinvestment**. All dividends/distributions payable on all securities now held or any future holdings in this account will be reinvested.

By participating in the plan, I/we confirm that I/we have read, fully understand and agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I/We agree that participation in the plan will continue until I/we notify Computershare in writing that I/we desire to terminate participation. I/We acknowledge that withdrawals from the plan will be subject to the terms and conditions of the prospectus or brochure that governs the plan. I/We also confirm the completeness and accuracy of the information I/we have provided in this Reinvestment Enrollment – Participation Declaration form.

To be valid, this form must be signed by all registered account holder(s) or applicable authorized individual(s). If you do not sign and return this form, you will continue to receive dividend/distribution payments in cash.

_____ Signature 1

_____ Signature 2

_____ Date

Privacy Notice

Pendfund Income Fund Inc. is committed to protecting individuals' personal information. In the course of providing our services, we receive non-public personal information - from transactions we perform for investors, forms sent to us, other communications we have with investors or representatives, etc. This information could include name, address, social insurance number, social security number, securities holdings and other financial information. We use this to administer investor accounts, to better serve investors' and clients' needs and for other lawful purposes relating to our services.