



CASH PAYMENT FORM

Relating to the Dividend Reinvestment and Optional Share Purchase Plan (the "Plan") of Pulse Data Inc. (the "Corporation") dated August 4, 2004, (as amended from time to time).

To be completed by the REGISTERED HOLDER of shares of the Corporation or a participant (a "CDS Participant") in the depository system of The Canadian Depository for Securities Limited ("CDS").

An optional cash payment must be received (together with this completed Cash Payment Form) by Valiant Trust Company at the address set forth at the end of this Cash Payment Form no later than 3:00 p.m. (Calgary time) two business day immediately preceding a dividend record date in order to be invested in new shares of the Corporation on the dividend payment date to which such record date relates. Optional cash payments received after such time will not be invested in additional shares of the Corporation until the next dividend payment date.

Optional cash payments must be made by cheque payable to "Valiant Trust Company". No interest will be paid on optional cash payments received but not yet invested in additional shares.

In order for this Cash Payment Form to be accepted, it must be executed by the registered shareholder or CDS Participant, as applicable, or attorney of such person authorized in writing. If the person executing this Cash Payment Form is a corporation, this Cash Payment Form must be signed in its corporate name by an officer or attorney thereof duly authorized. Persons signing as executors, administrators, trustees, etc. should so indicate.

OPTIONAL SHARE PURCHASE AUTHORIZATION AND DECLARATION

Please complete this section, sign below and return this Cash Payment Form to Valiant Trust Company at the address set forth at the end of this form, together with a cheque payable to "Valiant Trust Company" if you wish to make an optional cash payment in accordance with the Plan. In order to be able to make an optional cash payment, you or the beneficial owner of shares held by you must have enrolled in the dividend reinvestment component of the Plan.

I have received and read a copy of the Plan. Enclosed is an optional cash payment in the amount of \$ _____ in immediately available Canadian funds payable to "Valiant Trust Company" (which payment must be at least \$200 per remittance). I hereby acknowledge that the aggregate amount of remittances or optional cash payments which I am allowed to make under the Plan in any calendar year must not exceed \$50,000. I hereby direct Valiant Trust Company, as Plan Agent under the Plan, to invest the enclosed payment in new shares of the Corporation in accordance with and subject to the limitations and restrictions contained in the Plan. I hereby confirm my understanding that all cash dividends on shares of the Corporation held for my account under the Plan will automatically be reinvested in new shares of the Corporation in accordance with the Plan and my current election being the dividend reinvestment component of the Plan. I hereby represent and warrant to the Corporation, Valiant Trust Company and the plan broker designated under the Plan that I am, and when the shares are purchased for my account in accordance with this direction I will be, a resident of Canada. I understand that if I am signing this Cash Payment Form in my capacity not as a registered holder of shares but as a CDS Participant, any shares purchased in connection herewith will not be held by the Plan Agent under the Plan but will instead be credited to my account through CDS.

I hereby agree that all documents relating to the purchase for my account of additional shares in accordance with the Plan in consideration for the optional cash payment enclosed herewith, whenever prepared or received, including, without limitation, this Cash Payment Form, shall be prepared exclusively in the English language. Je consens à ce que tous les documents reliés à l'achat pour mon compte de parts additionnelles conformément au régime en considération du paiement en espèces optionnel inclut aux présentes, peu importe le moment où ils sont reçus ou préparés, incluant, sans limitation, ce formulaire de paiement en espèces optionnel, soient préparés exclusivement en langue anglaise.

If you are a broker, investment dealer, financial institution or other nominee holding shares on behalf of one or more beneficial owners of such shares, you hereby make the following declaration.

Declaration by Nominee Holder: I am a broker, investment dealer, financial institution or other nominee holding shares of the Corporation on behalf of one or more beneficial owners of such shares. I hereby certify and declare that: (i) I am making this optional cash payment on behalf of one or more beneficial owners of shares that are registered in my name or, if I am signing this form in my capacity as a CDS Participant, in the name of CDS; (ii) each such beneficial owner is a resident of Canada; (iii) I have applied to participate in the dividend reinvestment component of the Plan on behalf of each such beneficial owner; (iv) at least \$200 per remittance and no more than \$50,000 in any calendar year is being paid on behalf of each beneficial owner of shares; and (v) I have complied with the applicable provisions of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the Regulations thereunder.

Signature of Registered Shareholder Or Authorized Representative	Name of Registered Shareholder or Authorized Representative (please print)	Date
Signature of CDS Participant	Medallion Guarantee Stamp	Date
Address (including municipality of residence)		Daytime Telephone Number

TO BE COMPLETED BY BROKERS, INVESTMENT DEALERS, FINANCIAL INSTITUTIONS OR OTHER NOMINEES ACTING ON BEHALF OF BENEFICIAL OWNERS OF SHARES

Please check one only. If necessary complete and tender two forms and two payments if both of the following apply to you.

- I am a broker, investment dealer, financial institution or other nominee acting on behalf of one or more beneficial owners of shares. In such capacity I am the registered holder of all such shares.

OR

- I am a broker, investment dealer, financial institution or other nominee acting on behalf of one or more beneficial owners of shares. In such capacity I am not the registered holder of any of such shares and am tendering this form in my capacity as a CDS Participant and my FINS# is _____.

TO BE COMPLETED BY REGISTERED HOLDERS OF SHARES (OTHER THAN BROKERS, INVESTMENT DEALERS, FINANCIAL INSTITUTIONS OR OTHER NOMINEES ACTING ON BEHALF OF BENEFICIAL OWNERS OF SHARES)

Federal Anti-Money Laundering and Terrorist Financing legislation requires that you complete this section in full if you wish to make an optional cash payment in accordance with the Plan.

I hereby declare as follows:

My date of birth is: _____ (day, month, year)

The nature of my principal business or occupation is : _____

Please check only one of the two boxes below. If the second box is marked, you must provide the information requested below.

- The Plan account receiving the optional cash payment made hereby is not intended to be used by, or on behalf of, a third party.

OR

- The Plan account receiving the optional cash payment made hereby is intended to be used by, or on behalf of, a third party, and I have completed the application information fields below.

Name and Address of third party: _____

Nature of Principal Business (or Occupation) of third party: _____

If third party is a corporation, provide incorporation number and place of issue: _____

Describe the nature of the relationship* between the account holder and the third party, in respect of the account:

(For example, are you an agent or nominee for the third party, a trustee, executor, custodian, attorney, investment counsellor or manager, legal guardian or other legal representative or are you holding the account in some other representative capacity)

For further information, please contact:

VALIANT TRUST COMPANY
310, 606 - 4th Street S.W.
Calgary, Alberta T2P 1T1

Attention: Senior Manager
Telephone: (403) 233-2801
Facsimile: (403) 233-2857

PULSE DATA INC.
Suite 2400, 639 - 5th Ave. S.W.
Calgary, AB T2P 0M9

Attention: Manager Corporate Communications
Telephone: (403) 237-5559
Facsimile: (403) 531-0688

FEDERAL ANTI-MONEY LAUNDERING AND TERRORIST FINANCING LEGISLATION: In 2002, the federal government passed new anti-money laundering and terrorist financing legislation. Under this legislation, Valiant Trust Company, as a trust company, is obliged to obtain and record various items of information and to take other steps in respect of certain accounts that it establishes for individuals or entities. In particular, Valiant Trust Company has determined that various of the requirements of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the Regulations thereunder are applicable to participants in this Plan who may elect to purchase additional shares pursuant to the optional cash payment feature of this Plan.

PRIVACY NOTICE: At Valiant Trust Company, we take privacy seriously. In the course of providing services to you in connection with employee stock/unit purchase plans, dividend/distribution reinvestment plans, direct stock/unit purchase plans and/or direct registration services, we receive non-public, personal information about you. We receive this information through transactions we perform for you, from enrolment forms and through other communications with you. We may also receive information about you by virtue of your transactions with affiliates of Valiant Trust Company or other parties. This information may include your name, social insurance number, stock/unit ownership information and other financial information. With respect both to current and former customers, Valiant Trust Company does not share non-public personal information with any non-affiliated third party except as necessary to process a transaction, service your account or as permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Valiant Trust Company maintains physical, electronic and procedural safeguards to protect your personal information. Valiant Trust Company realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.



OCP Declaration Form

Following changes made to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* on June 23, 2008, the information requested on this form is required from all Optional Cash Payment participants before their next and future payment(s) will be invested in additional trust units and any time that this information changes. **Please see the reverse for further requirements and our Privacy Notice.**

Registered Holder (Plan Participant) Information		
PLAN SPONSOR/ISSUER OF SECURITIES		
REGISTERED HOLDER'S LEGAL NAME	2 ND HOLDER'S LEGAL NAME (IF REGISTERED JOINTLY)	
ADDRESS		
2 ND HOLDER'S ADDRESS (OR CHECK HERE IF IT IS THE SAME AS REGISTERED HOLDER'S ADDRESS <input type="checkbox"/>)		
DATE OF BIRTH (DD/MM/YYYY)	DATE OF BIRTH OF 2 ND HOLDER (DD/MM/YYYY)	
PRINCIPAL BUSINESS OR OCCUPATION OF REGISTERED HOLDER	PRINCIPAL BUSINESS OR OCCUPATION OF 2 ND HOLDER	
Please answer the following questions.		
1. Politically Exposed Foreign Persons. Please see the reverse of this form for the definition of a Politically Exposed Foreign Person. <input type="checkbox"/> No, I/we am/are NOT a "Politically Exposed Foreign Person" <input type="checkbox"/> Yes, I/we am/are a "Politically Exposed Foreign Person" If Yes, please see the reverse of this form for further information.		
2. Is the participant a corporation, partnership, trust or other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete 3 and 4 and provide the requirements for corporations, partnerships trusts or other entities as listed on the reverse.		
3. Is the participant a not-for-profit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Canada Revenue Agency registration number _____		
4. Does any person own or control 25% or more of the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information requested in the boxes below. Attach additional sheets if there are more than two such beneficial owners of 25% or more.		
BENEFICIAL OWNER'S NAME	BENEFICIAL OWNER'S NAME	
BENEFICIAL OWNER'S ADDRESS	BENEFICIAL OWNER'S ADDRESS	
BENEFICIAL OWNER'S PRINCIPAL OCCUPATION OR BUSINESS	BENEFICIAL OWNER'S PRINCIPAL OCCUPATION OR BUSINESS	
PERCENTAGE OWNED BY BENEFICIAL OWNER _____%	PERCENTAGE OWNED BY BENEFICIAL OWNER _____%	
5. Will this account be used by or on behalf of a third party? Please see the reverse for the definition of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information requested in the boxes below.		
THIRD PARTY'S NAME	THIRD PARTY'S ADDRESS	
THIRD PARTY'S PRINCIPAL BUSINESS OR OCCUPATION	DATE OF BIRTH OF THIRD PARTY (DD/MM/YYYY)	
IF THIRD PARTY IS A CORPORATION, PROVIDE INCORPORATION NUMBER AND PLACE OF ISSUE		
DESCRIBE THE NATURE OF THE RELATIONSHIP BETWEEN THE PARTICIPANT AND THE THIRD PARTY		
Certification		
I/we agree to inform Valiant Trust Company if the above information changes. I/we understand that by signing below, Valiant Trust Company may confirm our identity by verifying my/our personal information with a third party vendor.		
SIGNATURE OF REGISTERED HOLDER OR AUTHORIZED INDIVIDUAL	SIGNATURE OF 2ND REGISTERED HOLDER OR AUTHORIZED INDIVIDUAL	DATE (DD/MM/YYYY)

Instructions

Registered Holder (Plan Participant) Information

Valiant Trust Company is required by *The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* to collect and record certain information relating to accounts it maintains for individuals or entities under a plan. These requirements apply to registered unit holders that are making **optional cash payments** to their plan. If you have not previously completed and submitted an OCP Declaration Form for this plan or the information on the original form has changed, you **must** complete this form. Without a valid OCP Declaration Form, Valiant Trust Company cannot process your optional cash payments and will return them to you.

Valiant Trust Company must further **confirm the identity** of the registered holder (plan participant(s)) and/or their representatives or authorized individuals. The simplest way to do that is to confirm the registered holder's information with a third party vendor AND to obtain a personal cheque payable to Valiant Trust Company drawn on a Canadian financial institution (or a foreign bank authorized in Canada under *The Bank Act (Canada)*).

The registered unit holder must provide his or her **NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION**. The registered unit holder must also provide a certified personal cheque payable to Valiant Trust Company for their next optional cash payment contribution and sign and date this form. A corporation, trust, partnership or other entity should refer to Question 2 for other specific requirements.

If the units are **registered in more than one name**, each individual joint holder must provide their NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION. Each individual must also provide their personal certified cheque payable to Valiant Trust Company for part of the optional cash payment unless both the plan and bank accounts are joint accounts in the same names. Each individual must also sign this form. This form provides for a maximum of two holders. If the plan is in the name of three or more joint holders, please photocopy or request another copy of this form to provide information for the additional holders.

Question 1

Question 1 must be completed by all applicants where the registered unit holder is **one or more individuals**. The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* defines a "politically exposed foreign person" as a person who holds, has held, or has a prescribed family member* who holds or has held one of the following offices or positions in or on behalf of a foreign state:

- head of state or head of government;
- member of the executive council of government or member of a legislature;
- deputy minister or equivalent rank;
- ambassador or attaché or counselor of an ambassador;
- military officer with a rank of general or above;
- president of a state-owned company or a state-owned bank;
- head of a government agency;
- judge;
- leader or president of a political party represented in a legislature; or
- holder of any prescribed office or position.

* Family includes your mother or father, child, spouse or common law partner, spouse's or common law partner's mother or father, or your brother, sister, half-brother or half-sister (that is, any other child of your mother or father).

If the registered unit holder holds or has held one of the positions listed above, the following must be provided: (i) position held; (ii) country position held in or on behalf of; (iii) source of funds to be deposited (e.g. from savings, sale of house, etc.); (iv) length of time position held; and (v) relationship to registered unit holder.

Question 2

Question 2 must be completed by all applicants where the registered unit holder is **NOT an individual** or individuals.

1. If the registered holder is a corporation, partnership, trust or other entity, **all individuals authorized** by the corporation, partnership, trust or other entity to have signing authority over the account and give instructions with respect of the account (**up to a maximum of three**) **must provide:** (i) their NAME, ADDRESS and DATE OF BIRTH on this form; (ii) a personal cheque payable to Valiant Trust Company for one dollar (please note that the dollar is non-refundable); (iii) their signature on this form — this form provides spaces for two authorized individuals (use the registered holder spaces), and their information will be confirmed with a third party vendor. If there are more than two authorized individuals, please photocopy or download another copy of this form for the additional authorized officers.
2. A corporation, partnership, trust or other entity must provide their **certificate of incumbency** with specimen signatures for authorized individuals. If the registered unit holder is a corporation, partnership, trust or other entity, they must also respond to questions 3 and 4.
3. A corporation must additionally provide: (i) a description of its principal business; (ii) a copy of corporate authority to operate the account (e.g. excerpts from articles, by-laws or board resolutions); (iii) either a certificate of corporate status or any other record that confirms its existence; and (iv) a list of its directors which includes their full name and occupation.
4. A partnership, trust or other entity must additionally provide (i) a description of its principal business; (ii) a copy of their partnership agreement, trust agreement, articles of association or other document that confirms the entity's existence; and (iii) a list of its partners which includes their full name and occupation, or a list of the beneficiaries of the trust.

Question 5: Question 5 is mandatory for **all** applications. A third party is an individual or entity other than the registered holder or those authorized to give instructions for the registered holder, who directs what happens with the account. A third party may include a spouse, relative, affiliate etc.

Please return the completed form to:

Valiant Trust Company
Suite 310, 606 - 4th Street S.W.,
Calgary, AB T2P 1T1

If you have questions, please contact our office at 1-866-313-1872 or 403-233-2801.

Privacy Notice: Valiant Trust Company will only collect, use, and disclose your personal information to the extent that you have consented or otherwise as required or permitted by law. For further information about Valiant's privacy policies and practices, please contact Valiant's Relationship Management Team in Calgary at 403-233-2801 or toll free at 1-866-313-1872. You may also contact the Canadian Western Bank Group's Chief Privacy Officer by telephone at 780-423-8888 or e-mail concerns@cwbank.com.