



Enrolment Form

The Toronto-Dominion Bank (the "Bank") Dividend Reinvestment Plan

To: Canadian Stock Transfer Company Inc. ("CST")

Please refer to the Plan Offering Circular before enrolling	□ all; or □ % of cash dividends received in common shares of the Bank.				
Copies are available online at: www.canstockta.com or www.td.com	By signing this form, I request to be enrolled in the Plan, acknowledge that I have read the Plan Offering Circular containing and describing 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 CST, in writing, in accordance with the Plan.				
PLEASE PRINT CLEA	ARLY – To avo	id delays and ensure your e	nrolment	, please complete <u>all</u> fie	elds
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 numbe	r, street name, a	apartment number and/or suite	_ P.O. bo	xes are not sufficent):	
City:			Province or State:		
Postal code or Zip:		Country	Daytime Telphone:		
S.I.N. / T.I.N.:		Shareholder Account Numbe	hareholder Account Number Shareholder Email (op		onal):
Your Shareholder Account	Number is located	on your dividend cheque.			
First Shareholder Signature Second Shareholder Signature (if applicable)		_	Third Shareholder Signature (if applicable)		Date (DD/MM/YY)

I wish to enrol in the Bank's Dividend Reinvestment Plan (the "Plan") in order to reinvest

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. CST 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 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. For inquiries, please contact Canadian Stock Transfer Company Inc. at 1-800-387-0825 or inquiries@canstockta.com.
- 6. Once completed, please return the form to:

Canadian Stock Transfer Company Inc. P.O. Box 4229 Station A Toronto, ON M5W 0G1 Fax: 1-888-488-1416

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 CST's Privacy Policy located at http://www.canstockta.com/privacyPolicy.do