

## Enrolment Form

### Brookfield Asset Management Ltd. Shareholder Dividend Reinvestment Plan

**Please refer to the Plan Offering Circular before enrolling**

Copies are available online at:  
[www.tsxtrust.com](http://www.tsxtrust.com)  
 or [bam.brookfield.com](http://bam.brookfield.com)

To: TSX Trust Company (“TSX Trust”)

I wish to enrol in Brookfield Asset Management Ltd.’s Shareholder Dividend Reinvestment Plan (the “Plan”) in order to reinvest  all or  50% of cash dividends received on Brookfield Asset Management Ltd.’s Class A Limited Voting Share (the “Shares”).

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 TSX Trust, in writing, in accordance with the Plan.

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, street name, apartment number and/or suite – P.O. boxes are not sufficient):			
Postal code or Zip:	Country	Daytime Telephone: (       )	
S.I.N. / T.I.N.:	Shareholder Account Number	Shareholder Email (optional):	

Your Shareholder Account Number is located on your Brookfield Asset Management Ltd. dividend cheque.

Shareholder Signature

Second Shareholder Signature  
(if applicable)

Third Shareholder Signature  
(if applicable)

Date (DD/MM/YY)

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**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. TSX Trust 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. Participation in this plan is limited to Canadian residents.
4. 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.
5. 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.
6. For inquiries, please contact TSX Trust Company at 1-800-387-0825 or [shareholderinquiries@tmx.com](mailto:shareholderinquiries@tmx.com).
7. Once completed, please return the form to:

TSX Trust Company  
P.O. Box 4229  
Station A  
Toronto, ON M5W 0G1  
Fax: 888-488-1416

**Note:**

TSX Trust 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.tsxtrust.com/privacy-policy>