



**WITHDRAWAL REQUEST**

To: Valiant Trust Company (the “Agent”)  
310, 606 – 4<sup>th</sup> Street SW  
Calgary, AB T2P 1T1

The undersigned Unitholder hereby requests to withdraw \_\_\_\_\_ whole Plan Units in the Parkland Income Fund from the undersigned’s Account pursuant to the terms of the Fund’s Distribution Reinvestment Plan.

The Plan Units shall be registered in the undersigned’s name and delivered to the following address:

\_\_\_\_\_

Street Name

\_\_\_\_\_

City

Province

Postal Code

DATED as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Witness

\_\_\_\_\_

(Signature of Unitholder)

\_\_\_\_\_

Account Number

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Address

\_\_\_\_\_