



Chorus Aviation Inc. Dividend Reinvestment Plan

Enrollment Form for Registered Shareholders

To: AST Trust Company (Canada) (the "Agent")

I wish to enroll _____ % of my Shares (as defined in the Plan) in the Chorus Aviation Inc. ("Chorus") Dividend Reinvestment Plan (the "Plan") in order to have cash dividends (less applicable withholding taxes) that are paid on such Shares in additional Shares.

By signing this form, I request to be enrolled in the Plan and acknowledge and confirm that: (i) **only residents of Canada are eligible to participate in the Plan** and I am a resident of Canada, (ii) I have read the Plan document, (iii) my participation in the Plan will be subject to the terms and conditions of the Plan as amended from time to time upon notice to me, and (iv) my enrollment in the Plan will remain in effect until I otherwise notify the Agent, in writing, in accordance with the Plan.

Please refer to the full text of the Plan before enrolling

Copies are available online at: www.astfinancial.com/ca-en

PLEASE PRINT CLEARLY – To avoid delays and ensure your enrollment, 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 and name, apartment number or suite):			
City:	Province:	Postal code:	Daytime Telephone: ()
S.I.N. / T.I.N.:	Shareholder Account Number	Shareholder Email (optional):	

Your Shareholder Account Number is located on your Chorus dividend cheque.

Shareholder Signature

Second Shareholder Signature
(if applicable)

Third Shareholder Signature
(if applicable)

Date (DD/MM/YY)

Please see reverse of form for instructions and additional information.

Instructions:

1. If Shares to be enrolled in the Plan 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. The Agent 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 enrollment form must be completed for each account that you wish to have participate in the Plan.
4. Non-registered beneficial shareholders (i.e., shareholders who hold their shares through an intermediary, such as a broker, financial institution or other nominee) should consult with that intermediary to determine the procedures they must follow to participate in the Plan.
5. Only residents of Canada are eligible to participate in the Plan.
6. For inquiries, please contact the Agent at 1-800-387-0825 or inquiries@astfinancial.com.
7. Once completed, please return the form to:

AST Trust Company (Canada)
P.O. Box 4229, Station A
Toronto, ON M5W 0G1

Fax: 888-488-1416

Note:

AST Trust Company (Canada) 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.astfinancial.com/ca-en>.