

# ENROLLMENT / CHANGE FORM

## Employee Share Purchase Plan (the "Plan")

<b>Employee Name:</b>	<b>Social Insurance Number:</b>
Last: _____ First: _____	_____

By signing this Form, I, the above-named Employee, acknowledge and agree to all of the provisions contained in this Form.

Terms Used in this Form. In this Form, "Flint" means Flint Energy Services Ltd. and its subsidiaries, and "Flint shares" means common shares of Flint Energy Services Ltd.

Enrolment / Continued Enrolment. I elect to enroll or continue my enrolment in the Plan (as applicable), to make a contribution(s) as indicated under Option 1 and/or Option 2 below, and to purchase Flint shares pursuant to the provisions of the Plan and this Form.

Changes, Suspension and Termination. I acknowledge that I may change the amount of, or suspend, my regular payroll deduction contributions, or terminate my participation in the Plan, only in accordance with the provisions of the Plan.

No Assignment. I acknowledge that, as provided in the Plan, I am not permitted to assign or transfer any right of participation in the Plan or any interest in any Flint shares held under the Plan, except in accordance with the Plan.

Amendment or Termination of Plan. I acknowledge that Flint Energy Services Ltd. may amend or terminate the Plan in accordance with the provisions of the Plan.

Agreement to Abide by the Plan. I acknowledge that I have received a copy of the Plan, have read and understand it, and acknowledge and agree to all of the provisions of the Plan, which prevail over the provisions of this Form in the event of any inconsistency.

### OPTION 1 Regular Payroll Deduction Contributions (Plan section 5.1)

**I hereby authorize and direct Flint to deduct the amount set out below from each pay period and pay such amounts to the Plan Administrative Agent in accordance with the Plan.**

\$ \_\_\_\_\_ (Note: Your regular payroll deduction amount must be a minimum of \$25.00, up to a maximum of 20% of your eligible earnings for each pay period.)

The above amount shall be directed as follows (check only one box):

- 100% to a Standard Account, OR
- 100% to a RRSP Account, OR (Note: An RRSP Application Form must be filled out if directing amounts to RRSP.)
- \_\_\_\_\_% to a Standard Account and \_\_\_\_\_% to a RRSP Account (Employee must fill in percentages, which must total 100%.)

\_\_\_\_\_  
Employee Signature Date

**Suspension of Contributions: I hereby elect to suspend all regular payroll deduction contributions. I understand and agree that I will not be eligible to make any further contributions to the Plan for a period of six months.**

\_\_\_\_\_  
Employee Signature Date

### OPTION 2 Lump Sum Contribution (Plan section 6.1)

**I hereby elect to make a lump sum contribution in the amount set out below and authorize and direct Flint to pay such amount to the Plan Administrative Agent in accordance with the Plan.**

\$ \_\_\_\_\_ (Note: The amount must be a minimum of CAD \$1,000.00 to a maximum of CAD \$100,000.00. A lump sum contribution may be made only once per fiscal quarter of Flint.)

The above amount shall be directed as follows (check only one box):

- 100% to a Standard Account, OR
- 100% to a RRSP Account, OR (Note: An RRSP Application Form must be filled out if directing amounts to RRSP.)
- \_\_\_\_\_% to a Standard Account and \_\_\_\_\_% to a RRSP Account (Employee must fill in percentages, which must total 100%.)

**This Form, along with your cheque or bank draft made payable to Flint Energy Services Ltd. should be mailed to:  
Flint Energy Services Ltd. Attention: Benefits Administrator #100, 2899 Broadmoor Blvd. Sherwood Park, AB T8H 1B5**

\_\_\_\_\_  
Employee Signature Date

<b>For Human Resources/Payroll Use Only:</b>	
Flint Energy Services Ltd. Benefits Administrator or Authorized Designate: _____	Date Received: _____