

**CANADIAN WESTERN BANK
Dividend Reinvestment Plan (the “Plan”)**

Authorization Form

General Instructions:

1. This Authorization Form is to be completed by a REGISTERED HOLDER of Eligible Shares of Canadian Western Bank (the “Bank”) who wishes to enrol in the Plan. If you are a BENEFICIAL HOLDER of Eligible Shares and hold your Eligible Shares through a broker, investment dealer, financial institution or other nominee (“Nominee”), and you wish to participate in the Plan, please contact your Nominee to inquire as to how you may enrol in the Plan.
2. Complete and sign this Authorization Form, and return it to Valiant Trust Company ("Valiant"), as Plan Agent under the Plan, at the address or facsimile number set forth below, if you wish to reinvest your cash dividends in accordance with the Plan. Shares issued on such reinvestment will be held by Valiant in an account created for you under the Plan.
3. This Authorization Form must be received by Valiant at the address or facsimile number set forth below, no later than 2:00 p.m. (Pacific Standard Time) five business days immediately preceding a dividend record date in order that dividends to which that record date relates can be reinvested in additional Shares in accordance with the Plan.
4. In order for this Authorization Form to be accepted, it must be executed by the registered shareholder or the attorney of such person authorized in writing. If the person executing this Authorization Form is a body corporate, this Authorization Form must be signed in the corporate name by an officer or attorney thereof duly authorized. Persons signing as executors, administrators, trustees, etc. should so indicate.
5. Currently, enrolment in the Plan is limited to Canadian residents. **Holders of Eligible Shares who are resident in the United States or any of its territories or possessions may not participate in the Plan as Shares issued pursuant to the Plan are not registered under the *Securities Act of 1933* (United States), as amended. Residents of any jurisdiction outside Canada or the United States are also, at this point in time, not eligible to participate in the Plan.**

Shareholder Information	
I wish to enrol the following classes of shares registered in my name in the Plan (please check one):	
<input type="checkbox"/> Common Shares <input type="checkbox"/> Non-Cumulative 5-Year Rate Reset Preferred Shares, Series 3 <input type="checkbox"/> Both	
Name of Registered Shareholder or Authorized Representative	Social Insurance Number or Tax Identification Number
Home Address	
Mailing Address if Different from Home Address	
Daytime Phone Number	

Your enrolment cannot be processed unless the Dividend Reinvestment Authorization on the reverse is also executed

PRIVACY NOTICE

At Valiant Trust Company, we take your privacy seriously. In the course of providing services to you and our issuer clients in connection with stock transfers, employee stock/unit purchase plans, dividend/distribution reinvestment plans, direct stock/unit purchase plans and/or direct registration services, we receive non-public, personal information about you. We receive this information through transactions we perform for you, from enrolment forms and through other communications with you. We may also receive information about you by virtue of your transactions with affiliates of Valiant Trust Company or other parties. This information may include your name, social insurance number, stock/unit ownership information and other financial information. With respect both to current and former customers, Valiant Trust Company does not share non-public personal information with any non-affiliated third party except as necessary to process a transaction, service your account or as permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you, and we maintain physical, electronic and procedural safeguards to protect your personal information. Valiant Trust Company realizes that you entrust us with confidential personal and financial information and we take that trust very seriously. By providing your personal information to us and signing this form, we will assume, unless we hear from you to the contrary, that you have consented and are consenting to this use and disclosure. A complete copy of our Privacy Code, may be accessed at <http://www.valianttrust.com/privacy>. You may also request a copy of our Privacy Code by writing to: Valiant Trust Company c/o Director, Compliance, 600-750 Cambie Street, Vancouver, British Columbia, V6B 0A2.

DIVIDEND REINVESTMENT AUTHORIZATION

I have received and read a copy of the Plan. I hereby apply to participate in the Plan and direct the Bank to forward to Valiant Trust Company, as Plan Agent under the Plan, all cash dividends on all classes of Eligible Shares of the Bank registered in my name which I have enrolled in the Plan now or in the future, and direct Valiant Trust Company to reinvest such cash dividends, together with all cash dividends on Shares held by the Plan Agent for my account under the Plan, toward the purchase of additional Shares of the Bank, all in accordance with the Plan and subject to proration and such other limitations and restrictions as provided therein.

I hereby agree that all documents relating to the Plan and my participation therein, whenever prepared or received including, without limitation, the Plan and this Authorization Form, shall be prepared exclusively in the English language. Je consens à ce que tous les documents reliés au régime ainsi qu'à ma participation à celui-ci, peu importe le moment où ils sont reçus ou préparés, incluant, sans limitation, le texte complet du régime ainsi que ce formulaire d'autorisation, soient préparés exclusivement en langue anglaise.

I represent and warrant to Canadian Western Bank and Valiant Trust Company that I am, and when Shares of the Bank are purchased for my account in accordance with this direction I will be, a resident of Canada and, to the extent I hold Eligible Shares on behalf of a beneficial holder of Eligible Shares, such beneficial holder is, and when the Shares purchased for such beneficial holder's account in accordance with this direction such beneficial holder will be, a resident of Canada.

Signature of Registered Shareholder or Authorized Representative	Name of Registered Shareholder or Authorized Representative (please print)	Date
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Please mail your completed
Authorization Form to:

Valiant Trust Company
600 – 750 Cambie Street
Vancouver, British Columbia V6B 0A2
Attention: Investor Relations

For further information please contact
Valiant Trust Company at:

Valiant Trust Company
600 – 750 Cambie Street
Vancouver, British Columbia V6B 0A2
Attention: Investor Relations

Telephone: 1-866-313-1872

Fax: 604-681-3067

E-mail: inquiries@valianttrust.com