

Enrolment Form

TransAlta Renewables Inc. *Dividend Reinvestment*

Please refer to the Plan text document before enrolling

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

To: AST Trust Company (Canada) (“AST”)

I wish to enrol in **TransAlta Renewables Inc.**’s Dividend Reinvestment Plan (the “Plan”) in order to reinvest all of the cash dividends received on common shares of **TransAlta Renewables Inc.**

By signing this form, I request to be enrolled in the Plan, acknowledge that I have read the Plan text document 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 AST, 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 and name, apartment number or suite):			
City:	Province:	Postal code:	
Daytime Telephone: ()	Shareholder Account Number:	Shareholder Email (optional):	

Your Shareholder Account Number is located on your TransAlta Renewables dividend cheque.

Shareholder Signature

Second Shareholder Signature
(if applicable)

Third Shareholder Signature
(if applicable)

Date (DD/MM/YY)

Instructions:

1. **IMPORTANT:** If your shares of **TransAlta Renewables Inc.** are held in the name of a corporation, partnership, association, estate or trust, this form must be signed by a duly authorized signing officer whose title must be provided. AST will require submission of satisfactory evidence of proof of appointment and authority to act of the person executing the form. The following documentation is required:

Corporation: Attach certified copy of Corporate or Board Resolution(s) which must list the name(s) and title(s) of individuals authorized to sign on behalf of the Corporation. Certified sample signatures of the authorized individuals must also be provided. The documents must be dated within 6 (six) months of the date of the form.

Partnership: Attach certified copy of Partnership Agreement (and any amendments thereto) and certified list of the person(s) authorized to sign on behalf of the Partnership.

Association or Other Entities: Attach certified copy Official Corporate Records related to the "power to bind" the Entity (e.g. articles of incorporation, by-laws etc.)

Trust: Attach certified copy of Trust Agreement. If none, please indicate.

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 enrolment form must be completed for each account that you wish to participate in the Plan.
4. 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.
5. **Note to Shareholders Outside of Canada:** Only Shareholders in Canada may participate in the Plan.
6. For inquiries, please contact AST Trust Company (Canada) 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, Canada M5W 0G1
Fax: 1-888-488-1416

Note:

AST requires the information in this form 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 <http://www.astfinancial.com/ca-en/privacy-policy>