



**CANADIAN
PACIFIC
RAILWAY**

Employee Share Purchase Plan Enrolment/Change Form

Before completing this form please read the Employee Share Purchase Plan (ESPP) Information Guide carefully. Fill in only those sections that are relevant to the action you wish to take. Please call the CPR **HR Service Centre** if you need assistance in completing this form.

Employee Information (Mandatory)

Please Print

Name	
Last:	First:
Telephone Number (Home)	Telephone Number (Work):
Employee Number:	Social Insurance Number:
<p>I hereby acknowledge I have received and read a copy of the ESPP Information Guide and I understand this plan is governed by the provisions of the official Plan Terms & Conditions, a copy of which may be obtained by calling CPR's HRSC at 1-866-319-3900.</p> <p>I understand that by signing this form, I am authorizing CPR to provide my home address to the Plan Administrator. I agree and understand that CPR and its agents are collecting, using and disclosing the personal information provided by me, a CPR employee, for the purpose of administering CPR's Share Purchase Plan. CPR and its agent will maintain the confidentiality of the personal information contained in this form.</p> <p>I understand, agree and authorize that any fees in relation to a call to the Plan Administrator's (Computershare) call centre will be deducted from my pay.</p>	
Employee Signature:	Date Signed (Year/month/day):

Employee Status in Plan

<input type="checkbox"/> New Participant	<input type="checkbox"/> Current Participant
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Desired Contribution Level

<input type="checkbox"/> I hereby authorize CPR to begin or resume payroll deductions from my Eligible Earnings according to the percentage level of contribution indicated below (circle one only):
1% 2% 3% 4% 5% 6%

Suspend Contribution

<input type="checkbox"/> I wish to suspend my payroll deductions but remain in the Plan I understand that I will be subject to six month waiting period before I can begin contributing to the Plan again.
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Plan Administration Use Only

Date Received:	Acknowledged by:
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Please Fax this form to: 1-514-982-7665;
 OR Mail to: Computershare, 1800 McGill College Avenue, 7th Floor, Montreal, Quebec H3A 3K9