

MEDICAL FACILITIES CORPORATION
DIVIDEND REINVESTMENT AND
SHARE PURCHASE PLAN AUTHORIZATION FORM

FORM A
CERTIFICATE OF BENEFICIAL OWNERSHIP
(to be delivered to Medical Facilities Corporation)

The Dividend Reinvestment and Share Purchase Plan (the “**Plan**”) established by Medical Facilities Corporation (the “**Company**”) gives each shareholder resident in Canada the right to direct the Company to invest all of the shareholder’s dividends paid on common shares of the Company (“**Shares**”) in additional Shares of the Company (“**Plan Shares**”) for the benefit of such shareholder. A shareholder wishing to exercise this right to direct the Company to invest such amounts in Plan Shares must complete the information set forth below and advise his or her broker, dealer bank or financial institution to enrol the shareholder in the Plan.

The undersigned hereby certifies to the Company and to Computershare Trust Company of Canada (the “**Agent**”), and acknowledges that they are relying upon such certification, that the undersigned is the beneficial owner of _____ [*insert number*] Shares of the Company which are held on behalf of the undersigned by the following broker, dealer, bank or financial institution:

Name of broker, dealer, bank or financial
institution
(Please print or type)

Name of representative of broker, dealer, bank or
financial institution
(Please print or type)

DATED this ____ day of _____, 20____

Telephone Number of representative of broker,
dealer, bank or financial institution
(Please print or type)

The undersigned hereby authorizes the above named broker, dealer, bank or financial institution to disclose and to confirm to the Company and the Agent, from time to time on request, the number of Shares of the Company acquired by the undersigned pursuant to the Plan. The undersigned acknowledges that by executing this certificate, it is authorizing the above named broker, dealer, bank or financial institution to enroll the undersigned in the Plan, and the undersigned further acknowledges that as the undersigned is a beneficial holder of Shares of the Company, dividends made on its Shares cannot be reinvested in Plan Shares without the authorization and enrollment in the Plan by above named broker, dealer, bank or financial institution.

DATED this _____ day of _____, 20____

Signature of Beneficial Shareholder

Name of Beneficial Shareholder
(Please print or type)