

TOSCANA FINANCIAL INCOME TRUST

CASH PAYMENT FORM – US HOLDERS

Relating to the Distribution Reinvestment and Optional Trust Unit Purchase Plan (the “Plan”) Toscana Financial Income Trust (the “Trust”) dated June 3rd, 2010 (as amended from time to time).

To be completed by the REGISTERED HOLDER of trust units of the Trust.

An optional cash payment must be received (together with this completed Cash Payment Form, AML Declaration Form and Client Identification by Agent Form(s)) by Valiant Trust Company at the address set forth at the end of this Cash Payment Form no later than 3:00 p.m. (Calgary time) on the business day immediately preceding a distribution record date in order to be invested in new trust units of the Trust on the distribution payment date to which such record date relates. Optional cash payments received after such time will not be invested in additional trust units of the Trust until the next distribution payment date.

Optional cash payments must be made by certified cheque payable to “Valiant Trust Company”. No interest will be paid on optional cash payments received but not yet invested in additional trust units.

In order for this Cash Payment Form to be accepted, it must be executed by the registered unitholder or CDS Participant, as applicable, or attorney of such person authorized in writing. If the person executing this Cash Payment Form is a corporation, this Cash Payment Form must be signed in its corporate name by an officer or attorney thereof duly authorized. Persons signing as executors, administrators, trustees, etc. should so indicate.

OPTIONAL UNIT PURCHASE AUTHORIZATION AND DECLARATION

Please complete this section, sign below and return this Cash Payment Form to Valiant Trust Company at the address set forth at the end of this form, together with a certified cheque payable to “Valiant Trust Company” if you wish to make an optional cash payment in accordance with the Plan. In order to be able to make an optional cash payment, you or the beneficial owner of trust units held by you must have enrolled in the dividend reinvestment component of the Plan.

I have received and read a copy of the Plan. Enclosed is an optional cash payment in the amount of \$ _____ in immediately available Canadian funds payable to “Valiant Trust Company” (which payment must be at least \$1,000 per remittance). I hereby direct Valiant Trust Company, as Plan Agent under the Plan, to invest the enclosed payment in new trust units of the Trust in accordance with and subject to the limitations and restrictions contained in the Plan. I hereby confirm my understanding that all cash distributions on trust units of the Trust held for my account under the Plan will automatically be reinvested in new trust units of the Trust in accordance with the Plan and my current election of distribution reinvestment component of the Plan.

I hereby agree that all documents relating to the purchase for my account of additional trust units in accordance with the Plan in consideration for the optional cash payment enclosed herewith, whenever prepared or received, including, without limitation, this Cash Payment Form, shall be prepared exclusively in the English language. Je consens à ce que tous les documents reliés à l'achat pour mon compte de parts additionnelles conformément au régime en considération du paiement en espèces optionnel inclut aux présentes, peu importe le moment où ils sont reçus ou préparés, incluant, sans limitation, ce formulaire de paiement en espèces optionnel, soient préparés exclusivement en langue anglaise.

If you are a broker, investment dealer, financial institution or other nominee holding trust units on behalf of one or more beneficial owners of such trust units, you hereby make the following declaration.

Declaration by Nominee Holder: I am a broker, investment dealer, financial institution or other nominee holding trust units of the Trust on behalf of one or more beneficial owners of such trust units. I hereby certify and declare that: (i) I am making this optional cash payment on behalf of one or more beneficial owners of trust units that are registered in my; (ii) I have applied to participate in the distribution reinvestment component of the Plan on behalf of each such beneficial owner; (iii) at least \$1,000 per remittance is being paid on behalf of each beneficial owner of trust units; and (iv) I have complied with the applicable provisions of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the Regulations thereunder.

Signature of Registered Unitholder Or Authorized Representative	Name of Registered Unitholder or Authorized Representative (please print)	Date
Address (including municipality of residence)		Daytime Telephone Number

For further information, please contact:

VALIANT TRUST COMPANY

310, 606 - 4th Street S.W.
Calgary, Alberta T2P 1T1

Attention: Manager, Income Trusts
Telephone: (403) 233-2801
Facsimile: (403) 233-2857

TOSCANA FINANCIAL INCOME TRUST

2550, 700 - 2nd Street S.W.
Calgary, AB T2P 2W2

Attention: ●
Telephone: (403) 410-6792
Facsimile: (403) 444-0090

FEDERAL ANTI-MONEY LAUNDERING AND TERRORIST FINANCING LEGISLATION: In 2002, the federal government passed anti-money laundering and terrorist financing legislation. Under this legislation, Valiant Trust Company, as a trust company, is obliged to obtain and record various items of information and to take other steps in respect of certain accounts that it establishes for individuals or entities. In particular, Valiant Trust Company has determined that various of the requirements of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* and the Regulations thereunder are applicable to participants in this Plan who may elect to purchase additional trust units pursuant to the optional cash payment feature of this Plan.

PRIVACY NOTICE: At Valiant Trust Company, we take privacy seriously. In the course of providing services to you in connection with 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. Valiant Trust Company maintains 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.

AML Declaration Form

Following changes made to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* on June 23, 2008, the information requested on this form is required from all Optional Trust Unit Purchase Plan participants before their next and future payment(s) will be invested in additional trust units and any time that this information changes. **Please see page 2 for further requirements and page 3 for our Privacy Notice.**

Registered Holder (Plan Participant) Information		
PLAN SPONSOR/ISSUER OF SECURITIES		
REGISTERED HOLDER'S LEGAL NAME	2 ND HOLDER'S LEGAL NAME (IF REGISTERED JOINTLY)	
ADDRESS		
2 ND HOLDER'S ADDRESS (OR CHECK HERE IF IT IS THE SAME AS REGISTERED HOLDER'S ADDRESS <input type="checkbox"/>)		
DATE OF BIRTH (DD/MM/YYYY)	DATE OF BIRTH OF 2 ND HOLDER (DD/MM/YYYY)	
PRINCIPAL BUSINESS OR OCCUPATION OF REGISTERED HOLDER	PRINCIPAL BUSINESS OR OCCUPATION OF 2 ND HOLDER	
Please answer the following questions.		
1. Politically Exposed Foreign Persons. Please see the reverse of this form for the definition of a Politically Exposed Foreign Person. <input type="checkbox"/> No, I/we am/are NOT a "Politically Exposed Foreign Person" <input type="checkbox"/> Yes, I/we am/are a "Politically Exposed Foreign Person" If Yes, please see the reverse of this form for further information.		
2. Is the participant a corporation, partnership, trust or other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete 3 and 4 and provide the requirements for corporations, partnerships trusts or other entities as listed on the reverse.		
3. Is the participant a not-for-profit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Canada Revenue Agency registration number _____		
4. Does any person own or control 25% or more of the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information requested in the boxes below. Attach additional sheets if there are more than two such beneficial owners of 25% or more.		
BENEFICIAL OWNER'S NAME	BENEFICIAL OWNER'S NAME	
BENEFICIAL OWNER'S ADDRESS	BENEFICIAL OWNER'S ADDRESS	
BENEFICIAL OWNER'S PRINCIPAL OCCUPATION OR BUSINESS	BENEFICIAL OWNER'S PRINCIPAL OCCUPATION OR BUSINESS	
PERCENTAGE OWNED BY BENEFICIAL OWNER _____%	PERCENTAGE OWNED BY BENEFICIAL OWNER _____%	
5. Will this account be used by or on behalf of a third party? Please see the reverse for the definition of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information requested in the boxes below.		
THIRD PARTY'S NAME	THIRD PARTY'S ADDRESS	
THIRD PARTY'S PRINCIPAL BUSINESS OR OCCUPATION	DATE OF BIRTH OF THIRD PARTY (DD/MM/YYYY)	
IF THIRD PARTY IS A CORPORATION, PROVIDE INCORPORATION NUMBER AND PLACE OF ISSUE		
DESCRIBE THE NATURE OF THE RELATIONSHIP BETWEEN THE PARTICIPANT AND THE THIRD PARTY		
Certification		
I/we agree to inform Valiant Trust Company if the above information changes.		
SIGNATURE OF REGISTERED HOLDER OR AUTHORIZED INDIVIDUAL	SIGNATURE OF 2 ND REGISTERED HOLDER OR AUTHORIZED INDIVIDUAL	DATE (DD/MM/YYYY)

Instructions

Registered Holder (Plan Participant) Information

Valiant Trust Company is required by *The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* to collect and record certain information relating to accounts it maintains for individuals or entities under a plan. These requirements apply to registered unit holders that are making **optional cash payments** to their plan. If you have not previously completed and submitted an AML Declaration Form for this plan or the information on the original form has changed, you **must** complete this form. Without a valid AML Declaration Form, Valiant Trust Company cannot process your optional cash payments and will return them to you.

Valiant Trust Company must further **confirm the identity** of the registered holder (plan participant(s)) and/or their representatives or authorized individuals. To do so, the registered unit holder and/or his or her representative(s) must provide his or her **NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION** and **sign this form. IMPORTANT: As well, the registered unit holder and/or their representative(s) must select an acceptable Agent to act on Valiant Trust Company's behalf to view and record information from the registered unit holder's and/or representative's government issued identification and complete the attached Client Identification by Agent form. See the attached form for a list of acceptable agents.**

If the units are **registered in more than one name**, each individual joint holder must provide their **NAME, ADDRESS, DATE OF BIRTH and PRINCIPAL BUSINESS OR OCCUPATION**. Each individual must also have an acceptable Agent complete the Client Identification by Agent form attached. If the plan is in the name of three or more joint holders, please photocopy or download another copy of this form to provide information for the additional holders.

If the units are registered in the name of a **corporation, partnership, trust or other entity**:

1. **All individuals authorized** by the corporation, partnership, trust or other entity to have signing authority over the account and give instructions with respect of the account (**up to a maximum of three**) **must provide**: (i) his or her **NAME, ADDRESS and PRINCIPAL BUSINESS OR OCCUPATION** on this form; (ii) their **signature(s)** on this form — this form provides spaces for two authorized individuals (use the registered holder spaces); and (iii) have an acceptable Agent complete the **Client Identification by Agent form attached**. If there are more than two authorized individuals, please photocopy or download another copy of this form for the additional authorized officers.
2. A corporation, partnership, trust or other entity must provide their **certificate of incumbency** with specimen signatures for authorized individuals. If the registered unit holder is a corporation, partnership, trust or other entity, they must also respond to questions 3 and 4.
3. A corporation must additionally provide: (i) a description of its principal business; (ii) a copy of corporate authority to operate the account (e.g. excerpts from articles, by-laws or board resolutions); (iii) either a certificate of corporate status, audited annual financial statements or any other record that confirms its existence; and (iv) a list of its directors which includes their full name and occupation.
4. A partnership, trust or other entity must additionally provide (i) a description of its principal business; (ii) a copy of their partnership agreement, trust agreement, articles of association or other document that confirms the entity's existence; and (iii) a list of its partners which includes their full name and occupation, or a list of the beneficiaries of the trust.

Question 1

Question 1 must be completed by all applicants where the registered unit holder is **one or more individuals**. The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)* defines a "politically exposed foreign person" as a person who holds, has held, or has a prescribed family member* who holds or has held one of the following offices or positions in or on behalf of a foreign state:

- head of state or head of government;
- member of the executive council of government or member of a legislature;
- deputy minister or equivalent rank;
- ambassador or attaché or counselor of an ambassador;
- military officer with a rank of general or above;
- president of a state-owned company or a state-owned bank;
- head of a government agency;
- judge;
- leader or president of a political party represented in a legislature; or
- holder of any prescribed office or position.

* Family includes your mother or father, child, spouse or common law partner, spouse's or common law partner's mother or father, or your brother, sister, half-brother or half-sister (that is, any other child of your mother or father).

If the registered unit holder holds or has held one of the positions listed above, the following must be provided: (i) position held; (ii) country position held in or on behalf of; (iii) source of funds to be deposited (e.g. from savings, sale of house, etc.); (iv) length of time position held; and (v) relationship to registered unit holder.

Questions 2, 3 and 4

Questions 2, 3 and 4 must be completed by all applicants where the registered unit holder is **corporation, partnership, trust or other entity**.

Question 5: Question 5 is mandatory for **all** applications. A third party is an individual or entity other than the registered holder or those authorized to give instructions for the registered holder, who directs what happens with the account. A third party may include a spouse, relative, affiliate etc.

Please return the completed form to:

Valiant Trust Company
Suite 310, 606 - 4th Street S.W.,
Calgary, AB T2P 1T1

If you have questions, please contact our office at 1-866-313-1872 or 403-233-2801.

PRIVACY NOTICE: At Valiant Trust Company, we take your privacy seriously. In the course of providing services to you 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/>, or you may request a copy in writing to Suite 310, 606 4th Street SW, Calgary, Alberta, T2P 1T1.

CLIENT IDENTIFICATION BY AGENT

Explanation

In order to comply with Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (the "Act"), Canadian financial institutions, including Valiant Trust Company ("Valiant"), are required to ascertain the identity of individuals prior to entering into certain agreements or performing certain transactions.

Where it is impractical for a financial institution to personally ascertain the identity of an individual, the Act allows a financial institution to engage the services of an agent to act on its behalf. **Valiant will accept as an agent in the United States a lawyer in good standing, a notary public whose commission has not yet expired, or an employee of a financial institution or securities dealer that routinely identifies clients to meet the requirements of similar anti-money laundering legislation in the United States.**

A financial institution's agent is subject to the same identification requirements as the financial institution. Namely, a financial institution or its agent must:

- Obtain from the individual: a driver's license, passport, or similar government-issued identification card; and
- Record the type of identification obtained, the place of issue of the piece of identification, and the unique identification number on the piece of identification.

The identification presented must be original (not a copy) and valid (not expired).

Should you agree to act as Valiant's agent in this regard, we ask that you complete the identification form below after verifying the individual's identity.

Thank you,

Valiant Trust Company

Identification Form

I, _____ (insert name), a _____ (insert job title eg. lawyer, notary public, broker) with _____ (insert firm), and if a lawyer or notary public is in good standing in _____ (insert jurisdiction), hereby agree to act as agent for Valiant for the purpose of personally identifying the individual below so that Valiant can meet its obligations under Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

I attest that _____ (insert individual's name) appeared before me on _____ (insert date) and presented to me the following original and valid piece of **government-issued** identification bearing his/her name:

Identification Card Type: _____
Place of Issue: _____
Identification Number: _____
Expiry Date: _____

Signature: _____

Name: _____

Acting as Agent for Valiant Trust Company