

TOSCANA FINANCIAL INCOME TRUST

WITHDRAWAL REQUEST FORM

TO: Valiant Trust Company
310, 606 – 4th Street S.W.
Calgary, Alberta T2P 1T1
Attention: Manager, Income Trusts

To be completed by the REGISTERED HOLDER of Units of Toscana Financial Income Trust.

<input type="checkbox"/> The undersigned Unitholder hereby gives notice to and directs Valiant Trust Company to withdraw that number of the undersigned's whole Units as set forth below in the Distribution Reinvestment Plan (the "Plan") of Toscana Financial Income Trust.	
Number of whole Units to be withdrawn from the Plan _____ (if all Units are to be withdrawn, indicate "ALL").	
<input type="checkbox"/> The undersigned Unitholder hereby gives notice to Terminate participation in the Distribution Reinvestment Plan (the "Plan") of Toscana Financial Income Trust	
The Units shall be registered and delivered to the undersigned's name and address.	
_____	_____
Date	Name of Unitholder (Please print)
_____	_____
Address of Unitholder (Please print)	Signature of Unitholder (Notes 1 and 2)

Notes:

- (1) Signatures must correspond exactly to the name(s) in which the Units are registered.
- (2) Where the Withdrawal Request Form is executed on behalf of a corporation, partnership, association, agency, estate, trust, etc., Valiant Trust Company may require submission of satisfactory evidence of authority of the person executing the Withdrawal Request Form.