



Enrolment Form

Enbridge Inc. Dividend Reinvestment and Share Purchase Plan



To: AST Trust Company (Canada) ("AST")

I wish to enrol in Enbridge Inc.'s Dividend Reinvestment and Stock Purchase Plan (the "Plan") in order to reinvest all of cash dividends received on common shares of Enbridge Inc.

Please refer to the Plan Offering Circular before enrolling

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

By signing this form, I request to be enrolled in the Plan and acknowledge that I have read the Plan Offering Circular 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 (for joint accounts, if applicable):		Date of Birth (DD/MM/YYYY):	Occupation:
Third Shareholder Name (for joint accounts, if applicable):		Date of Birth (DD/MM/YYYY):	Occupation:
Address: (street number and name, apartment number or suite):			
City:		Province/State:	Postal/Zip code:
		Daytime Telephone: ()	
Social Insurance No.(SIN) or Social Security No.(SSN) or Tax ID No. (TIN):	Shareholder Account Number:	Shareholder Email (optional):	

Your Shareholder Account Number is located on your Enbridge Inc. dividend cheque or your Direct Registration Statement, or online at www.canstockta.com.

Optional Cash Contribution

I enclose my initial payment of \$ _____ (**Max:** \$5,000 CDN per quarter or equivalent in U.S. dollars) .

Note: Your cheque should be made payable to "AST Trust Company (Canada)". No interest is payable on funds held prior to reinvestment date.

If you are making an optional cash contribution for the first time, please complete our Participant Declaration Form available at: <https://www.astfinancial.com/ca-en/knowledge-center/forms/>.

U.S. Residents: Please provide the AML KYC Signatory Identification form available at: <https://ca.astfinancial.com/InvestorServices/Search-DRIP-Issuers-Post?lang=en&issuerName=5328>

Shareholder Signature and Title (if applicable)

Second Shareholder Signature and Title(if applicable)

Third Shareholder Signature and Title(if applicable)

Date (DD/MM/YYYY)

Please see reverse of form for instructions and additional information.

Instructions:

1. **IMPORTANT:** If your shares of Enbridge 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 U.S. Residents:** Any reinvestment of dividends pursuant to the Plan will be net of applicable Canadian withholding tax or U.S. backup withholding tax if applicable.
6. For inquiries, please contact AST at 1-800-821-2794 or inquiries@astfinancial.com.
7. Once completed, please return the form to:
AST
P.O. Box 4229
Station A
Toronto, ON, Canada M5W 0G1
Fax: 1-888-488-1416

Note:

AST Trust Company (Canada) is soliciting this information 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 <https://www.astfinancial.com/ca-en>.