

CHARTWELL RETIREMENT RESIDENCES
UNITHOLDER DISTRIBUTION REINVESTMENT PLAN
AUTHORIZATION FORM

TO: _____
(Name of CDS Participant)

I wish to participate in the Unitholder Distribution Reinvestment Plan of Chartwell Retirement Residences (the "Plan") by having the distributions on the Units indicated below reinvested in additional Units in accordance with the terms and conditions of the Plan.

Capitalized terms used herein but not defined in this Authorization Form have the respective meanings attributed to those terms in the Plan document.

By completing and signing this Authorization Form, I acknowledge and agree that I have read and understand the Plan document and that I shall be bound by the terms and conditions of the Plan.

Name: _____

Address:** _____

Postal Code: _____

Home Telephone Number: _____

Business Telephone Number: _____

Number of Units to be reinvested (Tick one of the boxes):

of Units to be reinvested: _____
(Specify a number)

All Units held in my account from time to time

Date: _____

Signature:*** _____

This Authorization Form must be completed and signed by a Unitholder wishing to participate in the Plan and submitted to his or her CDS Participant by the Close of Business at least one Business Day prior to any Record Date in respect of which related distribution such Unitholder wishes to participate in the Plan.

** *Only Unitholders who are a resident of Canada and who are registered holders of one Unit or more through a broker or other investment dealer recognized by CDS, are allowed to participate in the Plan.*

*** *When this Authorization Form is signed by a person acting in a representative capacity, the signature must be accompanied by satisfactory evidence of authority to sign.*