



AUTHORIZATION FORM

Relating to the Distribution Reinvestment Plan of Trilogy Energy Trust ("Trilogy") dated June 20, 2006, as amended or amended and restated from time to time (the "Plan").

PLEASE NOTE THAT UNITHOLDERS WHO ARE RESIDENT IN A JURISDICTION OUTSIDE OF CANADA ARE NOT ENTITLED TO ENROLL, DIRECTLY OR INDIRECTLY, IN THE PLAN.

General Instructions:

1. **This Authorization Form is to be completed by a REGISTERED HOLDER of trust units of Trilogy ("Units") that wishes to enroll in the Plan. Participants in the depository system of The Canadian Depository for Securities Limited ("CDS") should contact CDS to obtain the appropriate documentation to participate in the Plan.**
2. Complete and sign this Authorization Form, and return it to Computershare Trust Company of Canada ("Computershare"), as Agent under the Plan, at the address or facsimile number set forth below, if you wish to reinvest your cash distributions in accordance with the Plan. Units issued on such reinvestment will be held by Computershare for your account under the Plan.
3. This Authorization Form must be received by Computershare at the address or facsimile number set forth below, not later than 4:00 p.m. (Toronto time) on the fifth (5th) business day immediately preceding a distribution record date, in order for the cash distribution to which the record date relates to be reinvested in additional Units in accordance with the Plan.
4. **If you are a BENEFICIAL OWNER of Units and hold your Units through a broker, investment dealer, financial institution or other nominee, and you wish to participate in the Plan, please contact the broker, investment dealer, financial institution or other nominee that holds your Units to provide instructions regarding your participation in the Plan.**
5. In order for this Authorization Form to be accepted, it must be executed by the registered Unitholder or the attorney of such person authorized in writing. If the person executing this Authorization Form is a body corporate, this Authorization Form must be signed in the corporate name by an officer or attorney thereof duly authorized. Persons signing as executors, administrators, trustees, etc. should so indicate.

AUTHORIZATION

I have received and read a copy of the Plan. I hereby apply to enroll in and become a participant in the Plan. I hereby direct Trilogy and Trilogy Energy Ltd. ("TEL"), as the Administrator of Trilogy, and Computershare, as Agent under the Plan, to apply any and all cash distributions payable in respect of all Units registered in my name now or in the future or held by Computershare for my account under the Plan, towards the purchase of additional Units, all in accordance with the provisions of the Plan and subject to proration, any applicable withholding tax and such other limitations and restrictions as are set forth in the Plan.

I hereby agree that all documents relating to the Plan and my participation therein, whenever prepared or received including, without limitation, the Plan and this Authorization Form, shall be prepared exclusively in the English language. Je consens à ce que tous les documents reliés au régime ainsi qu'à ma participation à celui-ci, peu importe le moment où ils sont reçus ou préparés, incluant, sans limitation, le texte complet du régime ainsi que ce formulaire d'autorisation, soient préparés exclusivement en langue anglaise. I acknowledge that the Plan is governed by the laws of the Province of Alberta and the federal laws of Canada applicable therein, and hereby attorn to the jurisdiction of the courts of the Province of Alberta with respect to proceedings involving the Plan.

I hereby represent and warrant to Trilogy, TEL and Computershare that I am, and when Units are purchased for my account in accordance with this direction I will be, a resident of Canada and, to the extent that I hold Units of Trilogy on behalf of a beneficial owner of Units, such beneficial owner is, and when Units are purchased for my account in accordance with this direction such beneficial owner will be, a resident of Canada.

Signature of Registered Unitholder

Name of Registered Unitholder *(please print)*

Date

Address (including municipality of residence)

Daytime Telephone No.

PLEASE SEE PRIVACY NOTICE ON THE REVERSE SIDE OF THIS AUTHORIZATION FORM

(continued on page 2)

For further information, please contact:

COMPUTERSHARE TRUST COMPANY OF CANADA
100 University Avenue, 9th Floor
Toronto, Ontario M5J 2Y1

OR

TRILOGY ENERGY TRUST
c/o Trilogy Energy Ltd., as Administrator
Suite 1400, 332 – 6th Avenue S.W.
Calgary, Alberta T2P 0B2

Attention: Dividend Reinvestment Department
Telephone: 1-800-564-6253
Fax: (416) 263-9394

Attention: Chief Financial Officer
Telephone: (403) 290-2900
Fax: (403) 262-7848

PRIVACY NOTICE

Trilogy, TEL and Computershare are committed to maintaining the accuracy, confidentiality and security of the personal information under our custody or control. By providing the information above, you consent to the collection, use and disclosure of your personal information in the following manner.

This Authorization Form asks that you, as a Unitholder of Trilogy that wishes to enroll in the Plan, provide certain personal information to Trilogy, TEL and Computershare. This information is being collected for the purposes of administering your relationship with Trilogy and Computershare, including your participation in the Plan. You are under no obligation to enroll in the Plan, but if you do wish to participate in the Plan then your personal information may be collected, used or disclosed by Trilogy, TEL or Computershare to, among other things, determine your eligibility to enroll in and remain enrolled in the Plan, assess ongoing compliance with the Trust Indenture that governs the internal affairs of Trilogy, maintain accounts under the Plan, prepare and register Unit certificates in the circumstances described in the Plan, and establish and maintain lists of persons to which reports relating to the Plan or to securityholder affairs generally may be sent. In certain circumstances, your personal information may, where authorized or required by law, be collected, used or disclosed without your consent. For example, Trilogy, TEL or Computershare may be required to disclose certain information in respect of the Plan and its participants to governmental authorities or any stock exchange on which the Units are listed.

If you have any questions regarding Trilogy's privacy activities, please contact the Privacy Officer of Trilogy at (403) 290- 2900.