

NAL OIL & GAS TRUST

AUTHORIZATION FORM

Relating to the Premium Distribution™, Distribution Reinvestment and Optional Trust Unit Purchase Plan (the “Plan”) of NAL Oil & Gas Trust (the “Trust”) dated January 13, 2004 (as amended from time to time).

To be completed by the REGISTERED HOLDER of units of the Trust. Participants in the depository system of the Canadian Depository for Securities Limited (“CDS”) should contact CDS to obtain the appropriate authorization form(s).

This Authorization Form must be received by Computershare Trust Company of Canada at the address or facsimile number set forth at the end of this Authorization Form no later than 3:00 p.m. (Calgary time) on the business day immediately preceding a distribution record date in order for the cash distribution to which such record date relates to be invested in additional units of the Trust in accordance with the Plan.

If you are a beneficial owner of units of the Trust and wish to participate in the Plan, please contact your broker, investment dealer, financial institution or other nominee who holds your units to provide instructions as to how you wish to participate in the Plan.

If you wish to participate in the Plan, please indicate your election as between the distribution reinvestment and premium distribution components of the Plan by checking the appropriate box at the right and then completing the appropriate authorization below.

<input type="checkbox"/>	DISTRIBUTION REINVESTMENT
<input type="checkbox"/>	PREMIUM DISTRIBUTION

In order for this Authorization Form to be accepted, it must be executed by the registered unitholder or attorney of such person authorized in writing. If the person executing this Authorization Form is a corporation, this Authorization 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.

DISTRIBUTION REINVESTMENT AUTHORIZATION

Please complete this section, sign below and return this form to Computershare Trust Company of Canada at the address or facsimile number set forth at the end of this Authorization Form if you wish to reinvest your cash distributions in accordance with the Plan and have the additional units of the Trust issued on such reinvestment held for your account under the Plan.

I have received and read a copy of the Plan. I hereby apply to participate in the Plan and direct the Trust to forward to Computershare Trust Company of Canada, as Plan Agent under the Plan, all cash distributions on all units of the Trust registered in my name now or in the future, and direct Computershare Trust Company of Canada to reinvest such cash distributions, together with all cash distributions on units held by the Plan Agent for my account under the Plan, in additional units of the Trust, all in accordance with the distribution reinvestment component of the Plan and subject to proration and any applicable withholding tax as provided therein.

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 represent and warrant to the Trust, Computershare Trust Company of Canada and the Plan Broker that I am a resident of Canada and, to the extent I hold units on behalf of a beneficial owner of units, such beneficial owner is a resident of Canada.

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
Social Insurance Number		

™ denotes trademark of Canaccord Capital Corporation

PREMIUM DISTRIBUTION AUTHORIZATION

Please complete this section, sign below and return this form to Computershare Trust Company of Canada at the address or facsimile number set forth at the end of this Authorization Form if you wish to receive a premium cash payment in lieu of the cash distributions you would otherwise be entitled to receive, all in accordance with the Plan.

I have received and read a copy of the Plan. I hereby apply to participate in the Plan and direct the Trust to forward to Computershare Trust Company of Canada, as Plan Agent under the Plan, all cash distributions on all units of the Trust registered in my name now or in the future, and direct Computershare Trust Company of Canada to: (i) reinvest such cash distributions, together with all cash distributions on units held by the Plan Agent for my account under the Plan, in additional units of the Trust; and (ii) deliver such additional units to the Plan Broker designated under the Plan in exchange for a cash payment equal to 102% of such reinvested distributions which I would have otherwise been entitled to receive on the applicable distribution payment date in respect of such units, all in accordance with the premium distribution component of the Plan and subject to proration and any applicable withholding tax as provided therein.

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 hereby represent and warrant to the Trust, Computershare Trust Company of Canada and the Plan Broker that, when the additional units of the Trust are delivered to the Plan Broker in accordance with this direction, I will hold good and marketable title to such units, free and clear of all liens, restrictions, charges, encumbrances, claims and rights of others and such units are not subject to any resale restrictions. I further represent and warrant to the Trust, Computershare Trust Company of Canada and the Plan Broker that I am a resident of Canada and, to the extent I hold units on behalf of a beneficial owner of units, such beneficial owner is a resident of Canada.

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
Social Insurance Number		

For further information, please contact:

COMPUTERSHARE TRUST COMPANY OF CANADA

9th Floor, 100 University Avenue
Toronto, Ontario M5J 2Y1

Attention: Dividend Reinvestment Department
Telephone: 1-800-564-6253
Facsimile: (416) 263-9394
Toll Free Fax: 1-888-453-0330

NAL OIL & GAS TRUST

600, 550 – 6th Avenue S.W.
Calgary, Alberta T2P 0S2

Attention: Investor Relations
Telephone: (403) 294-3620
Facsimile: (403) 294-3699

NAL OIL & GAS TRUST

CASH PAYMENT FORM

Relating to the Premium Distribution™, Distribution Reinvestment and Optional Trust Unit Purchase Plan (the “Plan”) of NAL Oil & Gas Trust (the “Trust”) dated January 13, 2004 (as amended from time to time).

To be completed by the REGISTERED HOLDER of units of the Trust or a participant (a “CDS Participant”) in the depository system of the Canadian Depository for Securities Limited (“CDS”).

An optional cash payment must be received (together with this completed Cash Payment Form) by Computershare Trust Company of Canada 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 additional 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 units of the Trust until the next distribution payment date.

Optional cash payments must be made by certified cheque payable to “Computershare Trust Company of Canada”.

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 Computershare Trust Company of Canada at the address set forth at the end of this form, together with a certified cheque payable to “Computershare Trust Company of Canada” 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 Units held by you must have enrolled in either the premium distribution component or the distribution 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 “Computershare Trust Company of Canada” (which payment must be at least \$1,000 per remittance). I hereby acknowledge that the aggregate amount of remittances or optional cash payments which I am allowed to make under the Plan in any calendar month must not exceed \$5,000. I hereby direct Computershare Trust Company of Canada, as Plan Agent under the Plan, to invest the enclosed payment in additional units of the Trust in accordance with the Plan. I hereby confirm my understanding that all cash distributions on units of the Trust held for my account under the Plan will automatically be reinvested in additional units of the Trust in accordance with the Plan and my current election as between the premium distribution and distribution reinvestment components of the Plan. I hereby represent and warrant to the Trust, Computershare Trust Company of Canada and the Plan Broker designated under the Plan that I am a resident of Canada. I understand that if I am signing this Cash Payment Form in my capacity not as a registered holder of units but as a CDS Participant, any units purchased in connection herewith will not be held by the Plan Agent under the Plan but will instead be credited to my account through CDS.

I hereby agree that all documents relating to the purchase for my account of additional 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 Units on behalf of one or more beneficial owners of the Units, you hereby make the following declaration.

Declaration by Nominee Holder: I am a broker, investment dealer, financial institution or other nominee holding units of the Trust on behalf of one or more beneficial owners of such units. I hereby certify and declare that: (i) I am making this optional cash payment on behalf of one or more beneficial owners of units that are registered in my name or in the name of CDS if I am signing this form in my capacity as a CDS Participant; (ii) each such beneficial owner is a resident of Canada; (iii) I have applied to participate in the premium distribution component or the distribution reinvestment component of the Plan on behalf of each such beneficial owner; (iv) at least \$1,000 per remittance and no more than \$5,000 in any calendar month is being paid on behalf of each beneficial owner of units; and (v) I have complied with the applicable provisions of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and the Regulations thereunder.

Signature of Registered Unitholder
Or Authorized Representative

Name of Registered Unitholder or Authorized
Representative (please print) Date

Signature of CDS Participant

Medallion Guarantee Stamp

Date

Address (including municipality of residence)

Daytime Telephone Number

**TO BE COMPLETED BY BROKERS, INVESTMENT DEALERS, FINANCIAL INSTITUTIONS OR
OTHER NOMINEES ACTING ON BEHALF OF BENEFICIAL OWNERS OF UNITS**

Please check one only. If necessary complete and tender two forms and two payments if both of the following apply to you.

- I am a broker, investment dealer, financial institution or other nominee acting on behalf of one or more beneficial owners of units. In such capacity I am the registered holder of all such Units.

OR

- I am a broker, investment dealer, financial institution or other nominee acting on behalf of one or more beneficial owners of units. In such capacity I am not the registered holder of any of such units and am tendering this form in my capacity as a CDS Participant and my FINS# is _____.

**NO INTEREST WILL BE PAID ON OPTIONAL CASH PAYMENTS RECEIVED BUT NOT YET
INVESTED IN ADDITIONAL UNITS.**

For further information, please contact:

COMPUTERSHARE TRUST COMPANY OF CANADA

9th Floor, 100 University Avenue
Toronto, Ontario M5J 2Y1

Attention: Dividend Reinvestment Department
Telephone: 1-800-564-6253
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