

Esso Imperial Oil

We are pleased to welcome you as a shareholder of Imperial Oil Limited

Please help us to serve you better by providing the shareholder information we need. Sign and return this form in the envelope provided. See explanations on reverse.

Shareholder Information

Social Insurance Number
My social insurance number is: _____
(U.S. residents must complete and return the enclosed W-9 Form.
If a W-9 Form is not enclosed, CIBC Mellon has previously received a form from you.)

Direct Deposit of Dividends (Canadian banks only)
 I wish to have my dividends deposited directly to my bank. (Please check this box and fill out the information requested on the reverse of this form.)

U.S. Funds
 I wish to receive cash dividend payments in U.S. funds.

Consolidation of Accounts
 Do you have more than one account opened in your name and would you like to have only one account? (Please check this box and fill out the information requested on the reverse of this form.)

Choice of language
 I prefer to receive shareholder communications in English.
 Veuillez m'envoyer ma correspondance en français.

Electronic Delivery
 Please check this box and fill out and return the enclosed consent form to receive company publications electronically.

Dividend Reinvestment and Share Purchase Plan Authorization

Please read the enclosed Dividend Reinvestment and Share Purchase Plan offering circular for complete details. Enrollment in the plan is optional.

Dividend Reinvestment

This is an authorization to participate in the Dividend Reinvestment Option by holders of common shares of Imperial Oil Limited.

I wish to participate in the Dividend Reinvestment Option in accordance with the terms thereof and authorize Imperial Oil Limited to apply the cash dividends, minus any non-resident withholding tax paid on:

1. All common shares registered in my name.

OR

2. Only (insert percentage) _____% of common shares registered in my name together with the cash dividends, minus any non-resident withholding tax, paid on the common shares credited to my account under the Dividend Reinvestment Option for the purchase on my behalf of additional common shares.

Instructions: Check box 1 or 2 to indicate your choice. This authorization is effective on the next record date for the payment of a dividend after receipt of this authorization.

This form must be dated and signed with the name(s) exactly as shown for the shareholder(s) above. All joint owners must sign. Signature by any person acting in a representative capacity for the owner must be accompanied by satisfactory evidence of authority to sign.

Date

REG950 12/01

Share Purchase

This is an authorization to participate in the Share Purchase Option by holders of common shares of Imperial Oil Limited.

I wish to participate in the Share Purchase Option in accordance with the terms thereof and authorize Imperial Oil Limited to apply my share-purchase payments, including the enclosed payment of \$ _____ for the purchase on my behalf of additional common shares.

I further authorize Imperial Oil Limited to apply the cash dividends, minus any non-resident withholding tax, paid on those common shares credited to my account under the Share Purchase Option for the purchase on my behalf of additional common shares.

Instructions: Your enclosed share-purchase payment should be made payable to CIBC Mellon Trust Company and cannot be less than \$50 or more than \$5000 in Canadian funds per calendar quarter.

Signature(s) of registered owner(s)

Telephone number: (_____) _____