

CRESCENT POINT ENERGY CORP.

ENROLLMENT FORM

Relating to the Premium Dividend™ and Dividend Reinvestment Plan (the "Plan") of Crescent Point Energy Corp. ("Crescent Point") dated July 2, 2009 (as amended from time to time).

You must be an eligible holder of Crescent Point common shares to enroll in either the Dividend Reinvestment component or the Premium Dividend™ component of the Plan. **Refer to the Plan for complete details regarding eligibility.** Enrollment by ineligible shareholders will not be permitted.

This form is to be completed only by a REGISTERED HOLDER of common shares of Crescent Point who wishes to enroll directly in the Plan.

If you are an eligible beneficial owner of Crescent Point common shares and wish to participate in the Plan, please contact the broker, investment dealer, financial institution or other nominee who holds your shares to provide instructions as to your decision to enroll in the Plan and your election as between the Dividend Reinvestment and the Premium Dividend™ components of the Plan. Participants in the depository system of the CDS Clearing and Depository Services Inc. ("**CDS**") should contact CDS to confirm requirements to enroll in the Plan through CDS.

This form must be received by Olympia Trust Company (the "**Plan Agent**") at the address or facsimile number set forth below not later than 4:30 p.m. (Calgary time) on the business day immediately preceding a dividend record date in order for the cash dividend to which the record date relates to be invested in additional Crescent Point common shares ("**Shares**") in accordance with the Plan.

If you wish to enroll in the Plan please mark indicate your election as between the different components of the Plan by marking the appropriate box to the right and completing the appropriate authorization below.

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | DIVIDEND REINVESTMENT |
| <input type="checkbox"/> | PREMIUM DIVIDEND™ |

HOLDERS MAY ONLY ENROLL IN ONE COMPONENT OF THE PLAN. By selecting both components, you will NOT be enrolled in either component and you will continue to receive dividend payments in cash.

To be accepted, this form must be signed by the REGISTERED HOLDER or an attorney of such person duly authorized in writing. If the enrolling shareholder is a corporation, the form must be executed in the corporate name by an officer or attorney thereof duly authorized. Persons signing as executors, administrators, trustees, etc. should so indicate.

DIVIDEND REINVESTMENT COMPONENT

Please complete this section, sign below and return this Enrollment Form to Olympia Trust Company at the address or facsimile number set forth below if you wish to reinvest your cash dividends in accordance with the Plan and have the additional common shares of Crescent Point issued on such reinvestment held for your account under the Plan.

I apply to enroll in the Dividend Reinvestment component of the Plan. I have read and fully understand the terms and conditions of the Plan and agree to be bound thereby. I represent and warrant to Crescent Point and to the Plan Agent and Plan Broker appointed from time to time under the Plan that I am (and, to the extent that I hold Shares on behalf of a beneficial owner, the beneficial owner is) resident in the jurisdiction marked below as "Holder's Address") and that I am eligible to participate in the Dividend Reinvestment component of the Plan having regard to the eligibility requirements set forth therein. I acknowledge and agree that my participation in the Plan will continue until terminated in accordance with the terms and conditions of the Plan.

I appoint the Plan Agent to receive from Crescent Point, and direct Crescent Point to credit the Plan Agent with, all cash dividends payable in respect of all Shares registered in my name or held under the Plan for my account (now or in the future), and authorize and direct the Plan Agent to reinvest such dividends in new Shares, all in accordance with the provisions of the Dividend Reinvestment component of the Plan and subject to proration and any applicable withholding requirements as provided therein.

Signature of Registered Shareholder or Authorized Representative

Name of Registered Shareholder or Authorized Representative (please print)

Date

Holder's Address (including municipality of residence)

Daytime Telephone Number

Address (continued)

Social Insurance Number / Business Number

™ denotes trademark of Canaccord Capital Corporation

PREMIUM DIVIDEND™ COMPONENT

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

I apply to enroll in the Premium Dividend™ component of the Plan. I have read and fully understand the terms and conditions of the Plan and agree to be bound thereby. I represent and warrant to Crescent Point and to the Plan Agent and Plan Broker appointed from time to time under the Plan that I am (and, to the extent that I hold Shares on behalf of a beneficial owner, the beneficial owner is) resident in the jurisdiction marked below as "Holder's Address") and that I am (and such beneficial owner is) eligible to participate in the Premium Dividend™ component of the Plan having regard to the eligibility requirements set forth therein. I acknowledge and agree that my participation in the Plan will continue until terminated in accordance with the terms and conditions of the Plan.

I appoint the Plan Agent to receive from Crescent Point, and direct Crescent Point to credit the Plan Agent with, all cash dividends payable in respect of all Shares registered in my name or held under the Plan for my account (now or in the future), and authorize and direct the Plan Agent to (i) reinvest such dividends in new Shares, and (ii) deliver such new Shares to the Plan Broker in exchange for payment of the Premium Dividend™ in an amount equal to 102% of the reinvested dividends, all in accordance with the provisions of the Premium Dividend™ component of the Plan and subject to proration and any applicable withholding requirements as provided therein.

I further agree that at the time Shares are delivered to the Plan Broker in accordance with the Premium Dividend™ component and this direction, I will be deemed to represent and warrant to Crescent Point, the Plan Agent and the Plan Broker that: (i) I hold good and marketable title to such Shares, free and clear of all liens, restrictions, charges, encumbrances, claims and rights of others; (ii) such Shares are not subject to resale restrictions; and (iii) I am (and, to the extent that I hold Shares on behalf of a beneficial owner, the beneficial owner is) an eligible shareholder under the Plan.

Signature of Registered Shareholder or
Authorized Representative

Name of Registered Shareholder or Authorized
Representative (please print)

Date

Holder's Address (including municipality of residence)

Daytime Telephone Number

Address (continued)

Social Insurance Number / Business Number

DELIVER COMPLETED FORMS TO OLYMPIA TRUST COMPANY BY MAIL, COURIER SERVICE, PERSONAL DELIVERY OR FAX

For further information, please contact:

OLYMPIA TRUST COMPANY
2300, 125 – 9th Avenue S.E.
Calgary, Alberta T2G 0P6

Attention: Corporate Actions
Tel: (403) 261-0900
Fax: (403) 265-1455
Email: corporateactions@olympiatrust.com

CRESCENT POINT ENERGY CORP.
Suite 2800, 111 – 5th Avenue S.W.
Calgary, Alberta T2P 3Y6

Attention: Vice President, Marketing and Investor Relations
Tel: (403) 693-0020
Fax: (403) 693-0070

PRIVACY NOTICE: At Olympia Trust Company, your privacy is very important to us. For information on how we collect, use, communicate, disclose and make use of personal information, please see our privacy policy on our website at www.olympiatrust.com.