

ADDRESS/EMAIL CHANGE FORM

Instructions:

1. Address changes for corporations/other entities must also include a current resolution of the directors dated within six months. Sample corporate resolutions available on www.carevestmanagement.com.
2. Only complete the applicable Address or Email section. Address and email changes apply to all products.
3. If you are a **BENEFICIAL OWNER** of shares and hold your shares through a broker, trustee, financial institution, nominee or other intermediary, you must also contact the broker, trustee, financial institution, nominee or other intermediary that holds your shares to change your contact information.
4. Please contact our office at 1-855-278-3611 or investor@carevest.com with any questions.

Please return the completed form by mail, email or facsimile (including a corporate resolution, if applicable) to:
CareVest® Management Corp.
Suite 1450, 555-4th Avenue SW
Calgary, Alberta, T2P 3E7
Attention: Transfer Agent Department
Email: investor@carevest.com or Facsimile: (403) 262-9520

REGISTERED SHAREHOLDER NAME(S):

Print registered shareholder's name as it appears on the share certificate. Complete a separate form for each registered shareholder.

ADDRESS CHANGE:

Effective Date: _____

FORMER ADDRESS: (must provide)

Address: _____
 City: _____ Province: _____
 Phone: _____ Postal Code: _____

**NEW RESIDENTIAL ADDRESS:
(please complete all areas)**

Address: _____
 City: _____
 Province: _____ Postal Code: _____

**NEW MAILING ADDRESS:
(if different than residential)**

Address: _____
 City: _____
 Province: _____ Postal Code: _____

PHONE:

Home: _____
 Cell: _____
 Business: _____

EMAIL ADDRESS CHANGE:

By providing CareVest® Management Corp. and the CareVest® group with your email address below and signing this form, you continue to expressly consent to receive monthly investor statements and other important regulatory documents by email (applicable only to those that have already signed up). If you ever wish to withdraw your consent, please contact us at investor@carevest.com.

FORMER EMAIL:

NEW EMAIL:

 Date (mmm/dd/yy)

 Name of Non-Individual (Corporation, LP, Trust)

 Registered Shareholder #1 Signature

 Signature, Authorized Signatory

 Registered Shareholder #2 Signature (if required)

 Print Name and Title of Above

PRIVACY NOTICE: The CareVest® Group values your privacy. To that end, personal and financial information collected from you in relation to your stock transfers, dividend reinvestment plans and subscriptions will remain private and will only be used and disclosed to process your transaction or to service your investment as permitted by law, in accordance with our privacy policy, a copy of which is available on www.carevestmanagement.com. By providing your personal information to us and signing this form, we will assume, unless we hear from you to the contrary, that you have consented and are consenting to the use and disclosure.

FOR OFFICE USE

Processed by: _____ SC: _____

CR

Date: _____ 2ndR: _____