

DIVIDEND REINVESTMENT PLAN ENROLLMENT OR WITHDRAWAL FORM

Instructions:

1. Requests from corporations/other entities must also include a **corporate resolution(s)** of the directors dated within six months. Samples available on www.carevestmanagement.com.
2. This form is to be completed by a **REGISTERED HOLDER** of preferred shares that wishes to enroll or withdraw participation in the Dividend Reinvestment Plan (the "Plan").
3. If you are a **BENEFICIAL OWNER** of shares and hold your shares through a broker, trustee, financial institution or other nominee, and you wish to enroll or withdraw participation in the Plan, please contact the broker, trustee, financial institution or other nominee that holds your shares to provide instructions regarding your participation in the Plan.
4. The current Dividend Reinvestment Plan is available on the website of www.carevestmanagement.com.
5. If you are withdrawing from the Plan, please attach a **void cheque** or direct deposit form from your financial institution to enroll in direct deposit. Without this banking information, cash dividends will be mailed to the registered shareholder by cheque.
6. Requests to enroll in the Plan must be received no later than 1 month prior to the next dividend record date (which will usually be the last business day of the month in which the dividend is payable). Requests to withdraw from the Plan will be processed in respect of the dividend declared on the last day of the 3rd month following the month in which the request is received and that dividend will be paid in cash on the dividend payment date.
7. Please contact our office at 1-855-278-3611 or investor@carevest.com with any questions.

Please return the completed form and VOID CHEQUE (if withdrawing) by mail, email or facsimile (and 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 or in the MIC's direct registration system. Complete a separate form for each registered shareholder.

Check below to indicate if you would like to enroll or withdraw from the Dividend Reinvestment Plan:

- ENROLL** in the Dividend Reinvestment Plan
- WITHDRAW** from the Dividend Reinvestment Plan (attach VOID cheque for direct deposit of cash dividends)

Check which product(s) you would like to enroll or withdraw from the Dividend Reinvestment Plan:

	Class A		Series A1	Series B1
CareVest® MIC	<input type="checkbox"/>	CareVest® First MIC Fund Inc.	<input type="checkbox"/>	<input type="checkbox"/>
CareVest® Senior MIC	<input type="checkbox"/>	CareVest® Blended MIC Fund Inc.	<input type="checkbox"/>	<input type="checkbox"/>
CareVest® Core MIC	<input type="checkbox"/>			

The current Dividend Reinvestment Plan (the "Plan") of CareVest® First MIC Fund Inc., CareVest® Blended MIC Fund Inc., CareVest® Mortgage Investment Corporation, CareVest® Senior Mortgage Investment Corporation, and CareVest® Core Mortgage Investment Corporation (each referred to as the "MIC") is available on the website of www.carevestmanagement.com. Enrollment in the Plan is voluntary. The MIC and the CareVest® Group make no recommendation on participation in or withdrawal from the Plan and will not provide any legal, tax or accounting advice or advice regarding suitability of participation for any participant in the Plan. Shareholders who are resident in a jurisdiction outside of Canada may not be entitled to enroll, directly or indirectly, in the Plan.

INSTRUCTIONS

1. To enroll in the Plan, registered shareholders must submit this completed form to the appropriate MIC at the address set forth above **no later than (1) month prior to the next dividend record date** (which will usually be the last business day of the month in which the dividend is payable) in order for that cash dividend to be reinvested in additional shares in accordance with the Plan. Once a registered shareholder has enrolled in the Plan, participation will continue until the participant withdraws his or her participation or until the Plan is suspended or terminated or a shareholder's participation in the Plan is suspended or terminated by the MIC. Subject to applicable law and regulatory policy, the MIC reserves the right to determine, from time to time, a minimum number of shares that a participant must hold in order to be eligible to participate in, or continue to participate in, the Plan. Without limitation, the MIC further reserves the right, in its sole discretion and without providing reasons, to refuse participation in the Plan to, or terminate the participation of, any person who is participating in the Plan.

2. To withdraw from the Plan, registered shareholders must submit this completed form to the MIC at the address set forth above, indicating their request to withdraw participation in the Plan. Termination requests will be processed in respect of the dividend declared on the last day of the third month following the month in which the completed form is received by the MIC.

AUTHORIZATION

If enrolling in the Plan, I acknowledge that I have received and read a copy of the Plan and hereby request to enroll in and become a participant in the Plan. I hereby direct the MIC, to apply any and all cash dividends payable in respect of all shares registered in my name now or in the future, towards the purchase of additional shares, all in accordance with the provisions of the Plan and subject to any applicable withholding tax and such other limitations and restrictions as are set forth in the Plan.

If withdrawing from the Plan, I acknowledge that I have received and read a copy of the Plan and I hereby request to terminate my participation in the Plan in accordance with the provisions of the Plan. By attaching a void cheque or direct deposit form from my financial institution, I hereby authorize the MIC, and any disbursing agent of the MIC, to initiate dividend, redemption, retraction and/or other credit entries to my bank account until such time as I provide the MIC with written instructions to terminate direct deposit or until direct deposit service is terminated by the MIC.

Signature of Registered Shareholder #1

DATED this _____ day of _____, 20____

Print Full Name #1

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

Signature of Registered Shareholder #2

Signature, Authorized Signatory

Print Full Name #2

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.