

DIRECT DEPOSIT FORM

Instructions:

1. Banking information for corporations/other entities must also include a current resolution of the directors dated within six months. Samples available on www.carevestmanagement.com.
2. Registered shareholders that receive cash payments from the Corporation may complete this form to initiate direct deposit of dividend, redemption, retraction and/or other credit entries to their bank account, or to change the banking information previously provided.
3. Processing may require up to 10 business days before payment will be redirected.
4. If you are currently participating in the Corporation's Dividend Reinvestment Plan ("DRIP"), completion of this form does not withdraw your participation from the DRIP. If you wish to withdraw your participation from the DRIP, you must complete the **Dividend Reinvestment Plan Enrollment or Withdrawal Form** available on www.carevestmanagement.com.
5. Attach a void cheque or a direct deposit form from your financial institution.
6. If you are a **BENEFICIAL OWNER** of shares and hold your shares through a broker, trustee, financial institution, nominee or other intermediary, you are not eligible to enroll in direct deposit with us. All distributions will be forwarded directly to your intermediary, the registered shareholder.
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 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 or in the corporation's direct registration system. Complete a separate form for each registered shareholder.

Check which product(s) these direct deposit instructions apply to:

	Class		Series	Series
	A		A1	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"/>			

I/We hereby authorize CareVest® Mortgage Investment Corporation, CareVest® Senior Mortgage Investment Corporation, CareVest® First MIC Fund Inc., CareVest® Blended MIC Fund Inc., and/or CareVest® Core Mortgage Investment Corporation (each referred to as the "Corporation"), and any disbursing agent of the Corporation, to initiate dividend, redemption, retraction and/or other credit entries to my/our bank account. If I/we are currently participating in the Corporation's Dividend Reinvestment Plan ("DRIP"), I/we acknowledge that the completion of this Direct Deposit Form does NOT withdraw our participation in the DRIP.

This authority will remain in effect until such time as I/we provide the Corporation with written instruction to terminate direct deposit and allow the Corporation reasonable time to act on it or until this direct deposit service is terminated by the Corporation.

PLEASE ATTACH A VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION

AUTHORIZATION

I/We authorize the Corporation to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions provided to the Corporation.

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.

FOR OFFICE USE

Processed by: _____ Date: _____ SC: _____ CR MIC R / NR