

# NAME CHANGE FORM

**Instructions:**

1. If there is a change in beneficial ownership and you are requesting to transfer the shares into the name of another individual or entity, a **Transfer Request Form** is required and is available on [www.carevestmanagement.com](http://www.carevestmanagement.com).
2. If the name change results in any change to your direct deposit banking information, please also complete a **Direct Deposit Form** available on [www.carevestmanagement.com](http://www.carevestmanagement.com).
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 contact the broker, trustee, financial institution, nominee or other intermediary that holds your shares to request any name change.
4. Should you be in possession of any **original share certificates** representing the shares you would like reissued, you must return them to our office before we will process your request.
5. Please contact our office at 1-855-278-3611 or [investor@carevest.com](mailto:investor@carevest.com) with any questions.

**Please return the completed form with SUPPORTING DOCUMENTATION, corporate resolutions (if applicable) by mail, email or facsimile and any ORIGINAL share certificates to:**

**CareVest® Management Corp.**  
**Suite 1450, 555-4<sup>th</sup> Avenue SW**  
**Calgary, Alberta, T2P 3E7**  
**Fax: 403-262-9520     [investor@carevest.com](mailto:investor@carevest.com)**  
**Attention: Transfer Agent Department**

## 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.*

**Please select the reason for the name change below and attach supporting documentation. For removal of a joint shareholder, indicate which product(s) the change applies to.**

**Check Applicable Box Below:**

- Marriage** (attach notarial certified copy of marriage certificate)
- Change to maiden name** (Only for Alberta and British Columbia residents - attach a copy of birth certificate plus a piece of government issued picture ID, front and back)
- Divorce** (attach notarial certified copy of divorce decree or divorce certificate)
- Estate of** – deceased shareholder's holdings changed to estate of .....
- Corporate name change** (attach copy of amendment, merger or consolidation certificate certified by a government official)
- Correct spelling of registered shareholder's name** (attach driver's license showing correct spelling)
- Legal name change** (attach notarial certified copy of certificate of change of name)
- Other** \_\_\_\_\_
- Removal of joint shareholder** (BOTH registered shareholders must sign below and no supporting documentation is required). **PLEASE CHECK WHICH PRODUCT(S) THE REMOVAL OF JOINT SHAREHOLDER APPLIES TO:**

	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"/>			

**Registered Shareholder's Old Name**

**Registered Shareholder's New Name**

\_\_\_\_\_  
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](http://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: \_\_\_\_\_

MIC  
R / NR

CO