

TRANSFER REQUEST

Instructions:

1. Transfers from/to corporations/other entities must also include a current resolution(s) of the directors dated within six months. Samples available on www.carevestmanagement.com.
2. **Attach a void cheque or a bank direct deposit form from the Transferee** for direct deposit of dividends if you do not enroll in the Dividend Reinvestment Plan.
3. Should you be in possession of any **original share certificates** representing the shares you would like to transfer, you must return them to our office before we will process your request.
4. A transfer of shares may have income tax implications to both yourself and the transferee and we encourage you to seek independent tax advice.
5. Please contact our office at 1-855-278-3611 or investor@carevest.com with any questions.

Please return the completed form, a void cheque from the Transferee (for direct deposit of dividends), a Corporate Resolution (if applicable) by mail, email or facsimile and any ORIGINAL share certificates to:

CareVest® Management Corp. Suite 1450, 555-4th Avenue SW Calgary, Alberta, T2P 3E7
Attention: Transfer Agent Department Fax: 403-262-9520 investor@carevest.com

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) you would like to transfer and indicate the number (#) of shares that you would like to transfer:

Corporation	Class A	Series A1	Series B1	All	or	Partial, indicate NUMBER of shares below:
CareVest® MIC	<input type="checkbox"/>			<input type="checkbox"/>		_____
CareVest® Senior MIC	<input type="checkbox"/>			<input type="checkbox"/>		_____
CareVest® Core MIC	<input type="checkbox"/>			<input type="checkbox"/>		_____
CareVest® First MIC Fund Inc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
CareVest® Blended MIC Fund Inc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

TO BE COMPLETED BY THE CURRENT REGISTERED SHAREHOLDER: The undersigned hereby requests a transfer of the shares indicated above registered in the name of the undersigned and hereby agrees to immediately surrender and return any original certificates issued for such shares. The undersigned understands that the corporation has the right to refuse any transfer of shares. Additional documentation may be required.

Please select one of the following that applies:

- The undersigned represents that there is no valuable consideration being given or received for the disposition of these securities.
- The undersigned represents that in trading these securities, he/she/it is complying with an exemption from the prospectus and, if applicable, registration requirements under applicable securities legislation. Additional documentation may be required.

Current Registered Shareholder Signature #1

DATED this _____ day of _____, 20____.

Print Full Name #1

Name of Non-Individual Current Registered Shareholder (i.e. corporation)

Current Registered Shareholder Signature #2

Signature, Authorized Signatory

Print Full Name #2

Print Name and Title of Above

TO BE COMPLETED BY THE TRANSFEEE:

By signing below, the undersigned Transferee represents and confirms to the corporation that:

1. they have read and understood the MIC's current privacy policy, including specifically the provisions respecting the collection, use and disclosure of an individual's personal information. The Transferee hereby consents to the MIC's collection, use and disclosure of the Transferee's personal information as described in the privacy policy available on www.carevestmanagement.com; and
2. the Transferee is aware that the shares he, she or it is receiving have rights, restrictions and features, that the Transferee is receiving the shares subject to the rights, restrictions and features and the Transferee is fully aware of and understands such rights, restrictions and features.

Transferee's Information:

Name of Transferee: _____
 Residential address: _____

 Mailing address: _____
 (If different then Residential) _____

 SIN/BIN/CRA: _____ Phone #: _____
 Email: _____

Dividend Payment Option

Check the applicable box below:

- Cash dividend to registered shareholder** (To enroll in direct deposit, please provide a **void cheque** or a bank direct deposit form.)
- Dividend reinvestment** (By choosing this option you acknowledge that you have received and read a copy of the Corporation's Dividend Reinvestment Plan available on www.carevestmanagement.com.)

Transferee #1 Signature

DATED this _____ day of _____, 20____.

Print Full Name #1

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

Transferee #2 Signature

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.