



# SCHEDULE A DECLARATION OF TRANSMISSION

(To be completed and executed by EACH beneficiary)

**Name of Deceased Shareholder(s):** \_\_\_\_\_

In connection with the request for the Issuer(s) to transmit certain securities to the Beneficiary in the amounts stated by the legitimate legal representative(s) or duly and validly appointed Executor(s) or Administrator(s) of the estate of the deceased, the undersigned Beneficiary confirms that:

1. they have read and understood the Issuer's current privacy policy, including specifically the provisions respecting the collection, use and disclosure of an individual's personal information. The Beneficiary hereby consents to the Issuer's collection, use and disclosure of the Beneficiary's personal information as described in the privacy policy; and
2. the Beneficiary is aware that the shares he, she or it is receiving have rights and restrictions attached to them, that the Beneficiary is receiving the shares subject to the rights and restrictions attaching thereto, and the Beneficiary is fully aware of and understands such rights and restrictions.

<p style="text-align: center;"><b><u>Beneficiary's Information:</u></b></p> <p><b>BENEFICIARY NAME:</b> _____ <b>SIN/BIN/CRA#:</b> _____</p> <p><b>RESIDENTIAL ADDRESS (required):</b> Address: _____ City: _____ Province: _____ Postal Code: _____</p> <p><b>MAILING ADDRESS (if different than residential):</b> Address: _____ City: _____ Province: _____ Postal Code: _____</p> <p><b>PHONE:</b> _____ <b>EMAIL:</b> _____</p>	<p style="text-align: center;"><b><u>Dividend Payment Option</u></b></p> <p style="text-align: center;">Check the appropriate box below</p> <p><input type="checkbox"/> <b>CASH DIVIDEND TO REGISTERED SHAREHOLDER</b> <i>(To enroll in direct deposit, please provide a <b>void cheque</b> or a bank direct deposit form.)</i></p> <p><input type="checkbox"/> <b>DIVIDEND REINVESTMENT</b> <i>(By choosing this option you acknowledge that you have received and read a copy of the Corporation's Dividend Reinvestment Plan available on <a href="http://www.carevestmanagement.com">www.carevestmanagement.com</a>.)</i></p>
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DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Individual Beneficiary

\_\_\_\_\_  
Name of Non-Individual Beneficiary (Corporation, LP, Trust)

\_\_\_\_\_  
Print Full Name of Beneficiary

\_\_\_\_\_  
Signature, Authorized Signatory

\_\_\_\_\_  
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 may be obtained by request to [investor@carevest.com](mailto:investor@carevest.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.

<b>FOR OFFICE USE</b>					
Processed by:	Date:	SC:	<input type="checkbox"/> MIC	<input type="checkbox"/> CO	
_____	_____	_____	<input type="checkbox"/> CR		