



# ADDRESS/EMAIL CHANGE FORM

### Instructions:

1. Address changes for corporations/other entities must also include an original current resolution of the directors dated within six months. Sample corporate resolutions are available at [www.cvmi.ca](http://www.cvmi.ca).
2. Only complete the applicable Address or Email section. Address and email changes apply to all products.
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 also contact the broker, trustee, financial institution, nominee or other intermediary that holds your shares to change your contact information.
4. Please contact our office at 604-629-3894 or [info@cvmi.ca](mailto:info@cvmi.ca) with any questions.

**Please return the completed form by mail or email (including an ORIGINAL corporate resolution, if applicable) to:**  
**CareVest Mortgages Inc.**  
**Suite 710, 1055 West Georgia Street**  
**Vancouver, British Columbia, V6E 3R5**  
**Email: [info@cvmi.ca](mailto:info@cvmi.ca)**

## 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.*

### ADDRESS CHANGE:

Effective Date: \_\_\_\_\_

#### FORMER ADDRESS: (must provide)

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### NEW RESIDENTIAL ADDRESS: (please complete all areas)

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### NEW MAILING ADDRESS: (if different than residential)

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Business: \_\_\_\_\_

### EMAIL ADDRESS CHANGE:

By providing CareVest® Mortgages Inc. with your email address below and signing this form, you continue to expressly consent to receive quarterly investor statements and other important regulatory documents by email (applicable only to those that have already signed up and consented to electronic document delivery) and periodic email updates from us about our most recent news, financial information and developments within the industry. If you ever wish to withdraw your consent, please contact us at [info@cvmi.ca](mailto:info@cvmi.ca).

#### FORMER EMAIL:

\_\_\_\_\_

#### NEW EMAIL:

\_\_\_\_\_

\_\_\_\_\_  
 Date (mmm/dd/yy)

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

\_\_\_\_\_  
 Registered Shareholder Signature #1

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

\_\_\_\_\_  
 Registered Shareholder Signature #2 (if required)

\_\_\_\_\_  
 Please print name and title of above

**PRIVACY NOTICE:** CareVest® Mortgages Inc. 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.cvmi.ca](http://www.cvmi.ca). 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