ELECTRONIC DELIVERY CONSENT

Instructions:

1. Complete this form if you wish to receive the following from CareVest® Mortgages Inc. (the "Administrator")
   a. Quarterly investor statements from the Administrator
   b. Trade Confirmations from the Administrator on retractions, redemptions or other transactions
   c. Other information the Administrator may be required to, or may choose to provide
2. You may withdraw your consent at any time.
3. Only one email address may be provided.
4. 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.
5. Please contact our office at 604-629-3894 or 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

REGISTERED SHAREHOLDER NAME(S):

_____   ____ ___

EMAIL ADDRESS: _____

(Note: Only one email address may be provided)

CHECK OFF YOUR SELECTION BELOW:

☐ **Yes** ☐ **No** I consent to receiving email copies of quarterly investor statements from CareVest® Mortgages Inc. (the "Administrator"), Trade Confirmation Reports from the Administrator on retractions, redemptions or other transactions, and other information the Administrator may be required to, or may choose to provide.

1. **Delivery of Documents:** All documents delivered electronically will be delivered by email to the address provided above. Only one email address may be provided. I understand and agree that at any time, and without giving advance notice, the Administrator may elect to send me a paper copy of the document by mail instead of electronic delivery.

2. **Delivery Options:** I understand that I am not required to consent to electronic delivery and that I may revoke my consent or change the email address to which documents are delivered at any time by contacting the Administrator as set out in the instructions above, to request the appropriate form or method to revoke my consent or change my email address.

3. **Paper Delivery:** I understand that if electronic delivery of regulatory documents fails, I will be provided with a paper copy at no cost, with the exception of quarterly investor statements from the Administrator. Quarterly investor statements from the Administrator will only be available electronically. I understand that if I do not consent to the electronic delivery of quarterly investor statements from the Administrator, the Administrator will send me a copy of the investor statement on an annual basis and I will not receive a paper copy of my quarterly statement from the Administrator.

4. **Technical Requirements:** I acknowledge that access to the Internet and email is required in order to access, save, or print a document received electronically and that any electronic documents will be made available in Adobe® Portable Document Format ("**PDF**"), which requires you to have Adobe Reader® software which is available free of charge from Adobe's website at www.adobe.com. The Administrator does not own or operate, and is not responsible for, Adobe Reader® software.

By signing this form and providing us with your email address, you acknowledge that you have read and understood the above terms and conditions for receiving electronic documents from the Administrator. You may withdraw your consent at any time.

_____   _____
Date (mmm/dd/yy)   Name of Non-individual (Corporation, LP, Trust)

_____   _____
Signature #1   Signature, Authorized Signatory

_____   _____
Signature #2 (if required)   Please print name and title of above

FOR OFFICE USE

Processed by: _____   Date: _____   SC: _____   ☐CR   ☐TMO