



# SCHEDULE A DECLARATION OF TRANSMISSION

(To be completed and executed by EACH beneficiary)

Name of Deceased Shareholder: \_\_\_\_\_

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> Name of Beneficiary: _____ SIN/BIN/CRA#: _____ Residential address: _____ _____ Phone #: _____ Email: _____	<p style="text-align: center;"><b><u>Dividend Payment Option</u></b> Check the applicable 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.cvmi.ca">www.cvmi.ca</a>.)</i></p>
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DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

\_\_\_\_\_  
Please print full name of Beneficiary

Per: \_\_\_\_\_  
Signature, Authorized Signatory

\_\_\_\_\_  
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 may be 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.

<b>FOR OFFICE USE</b>
Notice received by _____ (MIC) this _____ day of _____, 20_____
Per: _____ Transmittal Date: _____