

WAIVER OF PROBATE AFFIDAVIT, TRANSMISSION REQUEST AND INDEMNITY

Instructions:

1. This form is to be used in cases where the Executor or Administrator will not petition the court to probate the will or in cases where no will exists. This Waiver and Indemnity is required to protect the issuer of the securities and related persons against any financial loss that may occur should there be any dispute about the rightful owner of the securities at a later date.
2. The form must be executed by the legal representative(s) or Executor(s) or Administrator(s) of the estate, for themselves and as agent of all heirs and beneficiaries of the estate, to transmit securities registered in the name of the deceased to a legal representative, an Executor or Administrator of the estate or an heir or beneficiary. The Declaration must be sworn before a person that is permitted to take affidavits in the jurisdiction of the signatories.
3. If the deceased was a beneficial owner of shares and held Shares through a broker, trustee, financial institution or other nominee, do not complete this form. Please contact the broker, trustee, financial institution or other nominee that holds the Shares and they will instruct us.
4. The following documents must be submitted with this form:
 - a. Notarized copy of the Last Will and Testament
 - b. Notarized copy of the Death Certificate
 - c. Completed Schedule A from EACH transferee receiving shares
 - d. **Void cheque or a bank direct deposit form from EACH Transferee** for direct deposit of dividends if the Transferee does not enroll in the Dividend Reinvestment Plan.
 - e. Any original share certificates registered in the name of the deceased.
5. Please contact our office at 1-604-629-3894 or info@cvmi.ca with any questions.

Please return the ORIGINAL completed form and the forms and documents listed above, to:
CareVest Mortgages Inc.
Suite 710, 1055 West Georgia Street
Vancouver, British Columbia, V6E 3R5
Attention: Transfer Agent Department

The Undersigned, being duly sworn, deposes and says:

1. That the Undersigned is/are an adult(s), is/are a legitimate legal representative(s) or duly and validly appointed Executor(s) or Administrator(s) of the estate of _____ (the "Deceased") and is/are familiar with the facts relating to such estate.

2. The Deceased died the owner of the following securities (the "Securities"):

Name of Security	Issuer	Registered Holder

2. The sole surviving beneficiaries and heirs entitled to share in the estate are as follow, all of which are competent:

Name	Address	Relationship to Deceased	Age

3. The Deceased died: _____ (a) leaving **NO WILL** and no administrator has been or will be appointed for said estate **OR** _____ (b) leaving a **WILL**, being the last Will and Testament of the Deceased, a true copy of which is attached hereto, and said **WILL** has not and will not be probated.

4. All taxes, funeral expenses, debts and claims against said estate have been paid or have been settled and will be paid by the undersigned.

5. No person (person includes an individual, corporation, partnership, trust, fund, association, syndicate, organization or a person in that person's capacity as a trustee, executor, administrator or personal or other legal representative) other than the Undersigned and the beneficiaries and heirs listed above has any right, title, claim, equity or interest in, to or respecting the Securities and any unpaid dividends and other accruals thereon or the proceeds thereof.

6. The Undersigned hereby request(s) that the Issuer(s) transmit the Securities to the persons and in the amounts stated in the following table and to enter their names in the Issuer's securities register and to pay to said persons all unpaid dividends and other accruals thereon, if any, without proof of the probate of the Will or administration of said estate and without being furnished the usual decedent estate documents.

Please have each transferee complete and execute the attached Schedule A to this form.

Name of Security and Issuer	Name of Transferee

In consideration of the Issuer(s) complying with the above request, the undersigned, for ourselves, our heirs, executors, administrators and assigns, and as agent of the beneficiaries, heirs and any other persons entitled to share in the estate of the Deceased, do jointly and severally covenant with the Issuer(s), its directors, officers, employees, shareholders, affiliates, agents, successors and assigns to at all times defend, indemnify and hold and save harmless the Issuer(s), its directors, officers, employees, shareholders, affiliates, agents, successors and assigns from and against all demands, claims, actions, suits, proceedings, accounts, costs, risks, charges, fees, expenses, damages and losses whatsoever arising in any manner howsoever from the request above and the Issuer's compliance therewith.

The undersigned has (have) executed this instrument as of the _____ day of _____, 20____, and being duly sworn depose(s) and say(s) that the facts and statements set forth herein are true to the best of his/her (their) knowledge, information and belief.

SWORN AND SIGNED BEFORE ME AT the City of)	_____
_____ , in the Province of)	Signature of Executor/Administrator #1
_____ , this _____ day)	_____
of _____ , 20_____ .)	Print Name of Executor/Administrator #1
_____)	_____
A Commissioner for Oaths/Notary Public)	Signature of Executor/Administrator #2
_____)	_____
_____)	Print Name of Executor/Administrator #2

**SCHEDULE A
WAIVER OF PROBATE AFFIDAVIT, TRANSMISSION REQUEST AND INDEMNITY**

(To be completed and executed by EACH Transferee)

Name of Deceased Shareholder(s): _____

In connection with the request for the Issuer(s) to transmit certain securities to the Transferee 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 Transferee 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 Transferee hereby consents to the Issuer's collection, use and disclosure of the Transferee's personal information as described in the privacy policy; and
2. the Transferee is aware that the shares he, she or it is receiving have rights and restrictions attached to them, that the Transferee is receiving the shares subject to the rights and restrictions attaching thereto, and the Transferee is fully aware of and understands such rights and restrictions.

<u>Transferee's Information:</u>	<u>Dividend Payment Option</u>
Name of Transferee: _____	Check the applicable box below: <input type="checkbox"/> Cash dividend to registered shareholder <i>(To enroll in direct deposit, please provide a <u>void cheque</u> or a bank direct deposit form.)</i> <input type="checkbox"/> Dividend reinvestment <i>(By choosing this option you acknowledge that you have received and read a copy of the Corporation's Dividend Reinvestment Plan available on www.cvmi.ca.)</i>
SIN/BIN/CRA#: _____	
Residential address: _____	
Phone #: _____	
Email: _____	

DATED this _____ day of _____, 20_____.

Signature of Individual Transferee

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

Please print full name of Transferee

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 obtained by request to info@cvmi.ca. By providing your personal information to us and signing this from, 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	
Notice received by _____ (MIC) this _____ day of _____, 20_____	
Per: _____	Transmittal Date: _____