



IN-KIND CONTRIBUTION REQUEST

(For in-kind contributions into RRSPs and TFSAs)

Instructions:

1. Your third-party intermediary may have additional forms/fees to complete a contribution-in-kind. Please contact them directly.
2. Should you be in possession of any **original share certificates** representing the shares you would like to transfer, you must return them to our office before we can process your request.
3. We encourage you to seek independent tax advice prior to transferring your shares to a registered plan as there may be income tax implications.
4. By making an in-kind contribution, you will become a BENEFICIAL shareholder and the shares will become registered in the name of your broker, investment dealer, financial institution, nominee or other intermediary. In the future, we are only able to accept instructions from the REGISTERED shareholder that is your broker, investment dealer, financial institution, nominee or other intermediary that holds your shares.
5. Upon transfer to a new registered shareholder, any participation in the Dividend Reinvestment Plan will automatically terminate and all future dividends will be paid to the registered shareholder in cash, unless the registered shareholder instructs us otherwise.
6. Please contact our office at 1-855-278-3611 or investor@carecanacorp.com with any questions.

Please return the ORIGINAL completed form and any ORIGINAL share certificates to:

Carecana™ Management Corp.
Suite 1800, 555 - 4th Avenue SW
Calgary, Alberta, T2P 3E7
Attention: Transfer Agent Department

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.

Check which product(s) you would like to transfer and indicate the number of shares that you would like to transfer:

Corporation	Class A	Series A1	Series B1	All	or Partial, indicate NUMBER of shares below:
CareVest® MIC	<input type="checkbox"/>			<input type="checkbox"/>	_____
CareVest® Senior MIC	<input type="checkbox"/>			<input type="checkbox"/>	_____
Giavest™ Capital MIC	<input type="checkbox"/>			<input type="checkbox"/>	_____
CareVest® First MIC Fund Inc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CareVest® Blended MIC Fund Inc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

New Registration Instructions:

Intermediary Company Name: _____

Name of Planholder: _____

Intermediary Account Reference: _____

Intermediary Address: _____

City: _____ Province: _____ Postal Code: _____

Intermediary Contact Name: _____ Phone #: _____

Intermediary Contact Email: _____

Indicate type of registered plan: RRSP RESP TFSA OTHER _____

Dividend Payment Option:

Upon transfer to a new registered shareholder, any participation in the Dividend Reinvestment Plan will automatically terminate and all future dividends will be paid to the registered shareholder in cash, unless the registered shareholder instructs us otherwise by executing the Dividend Reinvestment Plan Enrolment or Withdrawal Form available on www.carecanacorp.com. If the beneficial owner wishes to enrol in the Dividend Reinvestment Plan, the beneficial owner must contact the broker, investment dealer, financial institution or other nominee that holds his or her shares to have the registered shareholder provide us with instructions regarding participation in the Dividend Reinvestment Plan.

Signature:

The undersigned hereby requests a transfer of the shares indicated above registered in the name of the undersigned and hereby agrees to immediately surrender and return any original certificates issued for such shares. The undersigned understands that the corporation has the right to refuse any transfer of shares and acknowledges that any participation in the Dividend Reinvestment Plan will automatically terminate upon disposition of the shares and **all future dividends will be paid to the registered shareholder in cash, unless the registered shareholder instructs us otherwise.**

DATED this _____ day of _____, 20_____.

Registered Shareholder Signature #1 _____

Registered Shareholder Signature #2 _____

Print Full Name #1 _____

Print Full Name #2 _____

PRIVACY NOTICE: The CareVest® Mortgages group of companies 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.carecanacorp.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.

FOR OFFICE USE

Processed by: _____ Date: _____ SC: _____ MC CO R / NR