

DECLARATION OF TRANSMISSION

Instructions:

1. This form is to be used in cases where an individual shareholder is deceased and the shares are being transmitted to one or more beneficiaries. If the shares were held jointly with another shareholder, this form is not necessary and the shares will automatically be transferred to the sole surviving shareholder after providing our office with a notarized death certificate.
2. The following documents must be submitted with this form:
 - a. Notarized copy of the **Letters of Probate, Letters of Administration or Certificate of Appointment of Estate Trustee**
 - b. Completed **Schedule A from EACH transferee** receiving shares
 - c. **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.
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. Should you be in possession of any original share certificates registered in the name of the deceased, you must return them to our office before we can process your request.
5. Please contact our office at 1-855-278-3611 or investor@carecanacorp.com with any questions.

Please return the ORIGINAL completed form, along with the forms and documents listed above and any original share certificates, to:
Carecana™ Management Corp.
Suite 1800, 555-4th Avenue SW
Calgary, Alberta, T2P 3E7
Attention: Transfer Agent Department

IN THE MATTER OF THE ESTATE OF _____)
 _____,)
 (full name of deceased))
 late of _____,)
 (city/town and province)

I/We, _____
 (full name(s) and address(es) of Executor(s) or Administrator(s))

being all of the Executor(s)/Administrator(s) of the deceased, DO SOLEMNLY DECLARE THAT:

1. The deceased died on the _____ day of _____, 20_____, and at the date of death was domiciled in the Province of _____.
2. Letters Probate of the Last Will and Testament (or Letters of Administration with the Will annexed or Letters of Administration to the estate) of the deceased were granted to the Executor(s)/Administrator(s), on the _____ day of _____, 20_____, by the _____ Court of _____.
 (full name of court and province)
3. Registered in the name of the deceased on the books of _____
 (full name of CareVest® or Canadian Horizons® MIC)
 (the "Company"), there are _____ shares (the "Shares").
 (amount and series/class of shares)
4. The deceased was the sole registered and beneficial owner of the Shares.
5. By virtue of the foregoing the Shares have devolved upon and become vested in the aforesaid Executor(s)/Administrator(s) who desires to have the same recorded in the name of the Executor(s)/Administrator(s) upon the books of the said Company and immediately thereafter transferred to one or more beneficiaries properly entitled by law to receive the Shares, namely:

Full Name of Beneficiary	Amount of Shares	Series/Class of Shares	Company Name

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME AT the City of _____)
 _____, in the Province of _____)
 _____, this _____ day)
 of _____, 20_____.)
 _____)
 A Commissioner for Oaths/Notary Public)

_____) Signature of Executor/Administrator #1
 _____) Print Name of Executor/Administrator #1
 _____) Signature of Executor/Administrator #2
 _____) Print Name of Executor/Administrator #2

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;"><u>Beneficiary's Information:</u></p> <p>Name of Beneficiary: _____</p> <p>SIN/BIN/CRA#: _____</p> <p>Residential address: _____ _____</p> <p>Phone #: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>Dividend Payment Option</u> Check the applicable box below:</p> <p><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></p> <p><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.carecanacorp.com.)</i></p>
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DATED this _____ day of _____, 20_____.

Signature of Individual Beneficiary

Name of Non-Individual Beneficiary (Corporation, LP, Trust)

Print Full Name of Beneficiary

Signature, Authorized Signatory

Print Name and Title of Above

PRIVACY NOTICE: The CareVest® 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 may be obtained by request to investor@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:	<input type="checkbox"/> MIC	<input type="checkbox"/> CO
_____	_____	_____	<input type="checkbox"/> CR	