



# OPT-OUT FORM FOR AUDITED FINANCIAL STATEMENTS

### Instructions:

1. Complete this form if you wish to no longer receive Audited Financial Statements from the applicable product(s) managed by Carecana™ Management Corp. (the "Manager").
2. You may withdraw your consent to opt-out of receiving audited financial statements by contacting the Manager at any time.
3. In addition to completing this opt-out form, corporate investors/other entities must also include a current resolution of the directors dated within six months. Sample corporate resolutions available on [www.carecanacorp.com](http://www.carecanacorp.com).
4. Please contact our office at 1-855-278-3611 or [investor@carecanacorp.com](mailto:investor@carecanacorp.com) with any questions.

**Please return the completed form by mail, email or facsimile to (including a corporate resolution, if applicable) to:**  
**Carecana Management Corp.**  
**Suite 1450, 555-4<sup>th</sup> Avenue SW**  
**Calgary, Alberta, T2P 3E7**  
**Email: [investor@carecanacorp.com](mailto:investor@carecanacorp.com)**  
**Facsimile: (403) 262-9520**

## 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.*

I hereby consent to **NOT RECEIVE** the Audited Financial Statements from the applicable product(s) managed by Carecana Management Corp. (the "Manager"). I further acknowledge that I can view the Audited Financial Statements with respect to my investment at [www.carecanacorp.com](http://www.carecanacorp.com).

By signing this form, you acknowledge that you have read and understood the above terms. You may withdraw your consent at any time.

\_\_\_\_\_  
 Registered Shareholder #1 Signature

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Print Full Name #1

\_\_\_\_\_  
 Name of Non-Individual Transferee (Corporation, LP, Trust)

\_\_\_\_\_  
 Registered Shareholder #2 Signature

\_\_\_\_\_  
 Signature, Authorized Signatory

\_\_\_\_\_  
 Print Full Name #2

\_\_\_\_\_  
 Print Name and Title of Above

**PRIVACY NOTICE:** We value your privacy. To that end, personal and financial information collected from you 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](http://www.carecanacorp.com). By providing your personal information to us and consenting to electronic delivery by 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: \_\_\_\_\_ 2ndR: \_\_\_\_\_

CR  TMO

Updated Apr 2024