

INVESTOR INFORMATION FORM

T: 604 579 0849

F: 604 575 7410

FULL NAME	
MAILING ADDRESS	
RESIDENTIAL ADDRESS	
CELL PHONE NO	VORK PHONE NO.
EMAIL ADDRESS	
DATE OF BIRTHS	.I.N
IS THE INVESTOR A RESIDENT OF BC?	YES NO
IF NO, PLEASE LIST THE PROVINCE OF RESIDEN	NCE
BENEFICIARY NAME	RELATIONSHIP TO ME
ADDRESS	CELL PHONE
BENEFICIARY NAME	RELATIONSHIP TO ME
ADDRESS	CELL PHONE
Percentage of Allocation (must add up to 100%): 1 2	
SELECT ONE:	
Please add Beneficiaries as noted above to plan account(s) note	ed below only
Please add Beneficiaries as noted above to below plan account(s) and any plans opened in future	
IF RESP, RRSP, OR TFSA, WILL YOU BE TRANSFERRING FU YES NO AMOUNT IF NOT FULL TRANS	
PLEASE PROVIDE A COPY OF DRIVER'S LICENCE AND A	VOID CHEQUE.
AMOUNT YOU WOULD LIKE TO INVEST:	
I ELECT TO RECEIVE QUARTERLY DIVIDENDS AS FOLLOW	VS:
Reinvest as Additional Preferred	Shares Receive Dividend as Cash
Please indicate if you would like to be added to our mailing list	YES NO
By selecting Yes, you consent to PHL Financial Group Ltd. ("PHL") and Morteq Lending Corporation ("Morteq") contacting you electronically regarding their events, announcements. You may unsubscribe from receiving these e-mails at any time, including by clicking on the "unsubscribe" link at the bottom of e-mails received from us. Please refer to the PHL Privacy Policy or contact us if you have any questions.	
Our Privacy Policy also explains how PHL and Morteq manage the pers available on our website (https://phlfinancial.com), or from our Privacy	onal information that you provide to us on this form. The Privacy Policy is Officer, whom you can contact at <i>privacy@phlfinancial.com</i> .
By signing below, I certify all information	n is true and correct to the best of my knowledge.

Signature