

CORPORATE INVESTOR INFORMATION FORM

T: 604 579 0849

F: 604 575 7410

COMPANY NAME	
BUSINESS NUMBER	
MAILING ADDRESS	
OFFICE ADDRESS	
PRIMARY AUTHORIZED SIGNATORY	NAME
TITLE OF SIGNATORY	
DATE OF BIRTH	S.I.N
IS THE SIGNATORY A R	RESIDENT OF BC?
IF NO, PLEASE LIST TH	IE PROVINCE OF RESIDENCE
CELL PHONE NO.	EMAIL ADDRESS
ADDITIONAL AUTHORIZED SIGNAT	ORY NAME
TITLE OF SIGNATORY	
CELL PHONE NO.	EMAIL ADDRESS
ADDITIONAL AUTHORIZED SIGNAT	ORY NAME
TITLE OF SIGNATORY	
CELL PHONE NO.	EMAIL ADDRESS
AMOUNT YOU WOULD LIKE TO IN	VEST:
Please provide a copy of your driver's	licence, void cheque, articles of incorporation and central securities registrar.
I ELECT TO RECEIVE QUARTERLY	DIVIDENDS AS FOLLOWS:
Rein	nvest as Additional Preferred Shares
Rec	eive Dividend as Cash
Please indicate if you would like to be adde	ed 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.	
	and Morteq manage the personal information that you provide to us on this form. The Privacy Policy is al.com), or from our Privacy Officer, whom you can contact at privacy@phlfinancial.com.
By signing be	elow, I certify all information is true and correct to the best of my knowledge.
	Signatura
	Signature