

SCHEDULE "C" – ENROLMENT FORM FOR DIRECT DEPOSIT

Enrolment Form for Direct Deposit
<p>By signing this form, the undersigned agrees to have dividends accrued on Class A Units of HarbourEdge Mortgage Investment Trust (HarbourEdge) directly deposited to the bank account specified below.</p> <p>This authorization shall remain in effect until HarbourEdge has received written notification of its change or termination. This notification must be received at least ten (10) business days before the next scheduled deposit at the address provided above.</p> <p>Dividends will continue to be paid on a monthly basis</p>

Investor Information (Please Print Clearly)
Name (s)
Address
Phone _____ Email _____
These services are for (check one) <input type="checkbox"/> Personal <input type="checkbox"/> Business

Bank Account Information (Please attach "Void" cheque)
Financial Institution Number _____ Branch/Transit Number _____ Account Number _____
Financial Institution Name _____ Branch Address _____
Signature of account holder _____ Signature of joint account holder (if applicable) _____
Name (please print) _____ Name (please print) _____
Date _____ Date _____