



Viocity

Distribution Reinvestment

I wish to enrol/modify my Distribution Reinvestment Plan (DRIP) of Viocity REIT. By signing this form I request to be enrolled in the DRIP with my distributions being reinvested and/or paid in cash as indicated in my selection below.

I also acknowledge that my enrolment in the DRIP will remain in effect until I otherwise notify Viocity in writing.

Guidelines for Distribution Reinvestment

Your information will always be kept confidential and will only be shared as required by law.

1. Important: If units are held by a corporation, this form must be signed by the primary trading authority. Viocity may require submission of satisfactory evidence of authority of the person executing this form.
2. If units are jointly held, all unitholders must sign this form
3. If your units are held in more than one account a separate enrolment form must be completed for each account that you wish to participate in the DRIP.
4. Any questions? Please contact Viocity at 1-855-659-5959 or questions@viocity.com

Once all necessary documentation is completed please return forms to our Chief Compliance Officer

Electronically:

cco@viocity.com

or by Mail:

Chief Compliance Officer c/o Viocity
#202 15388 24 Ave
Surrey BC V4A 2J2

or by Fax:

1-855-659-5959

CURRENT Distribution Reinvestment Plan (DRIP) option

Reinvest (%)	0	10	20	30	40	50	60	70	80	90	100
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash (%)	100	90	80	70	60	50	40	30	20	10	0

NEW Distribution Reinvestment Plan (DRIP) option

Reinvest (%)	0	10	20	30	40	50	60	70	80	90	100
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash (%)	100	90	80	70	60	50	40	30	20	10	0

Account Being Changed

Investment RRSP TFSA Other Please specify

Please note cash distribution option may not be available for RRSP or TFSA or may have negative CRA tax implications. Please consult your accountant before requesting changes to these or other registered accounts.

Primary Contact Details

Legal Name of Investor or Corporation:	Date of Birth:	
Occupation:	Employer (if applicable):	
Email:	Home Phone:	Cell Phone:

Joint/Spouse Contact Details (if applicable)

Joint Owner or Spouse's Name:	Date of Birth:
Email:	Cell Phone Number:

Legal Address

Mailing Address

<i>Note: This address will determine your place of residency for regulatory purposes</i>		<input type="checkbox"/> Same as Legal Address	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Country:	Postal Code:	Country:

To change your DRIP preference the following documents are required:

- Distribution Reinvestment Form (this form)
- Photo or PDF of Driver's License
- VOID cheque for cash distributions if the new preference is not 100% reinvestment

Client Acknowledgement

By signing this form, the Client(s) certify that all information disclosed in this form is complete and true and acknowledge that such information shall be deemed complete, true and unchanged until such time as Viocity is advised in writing by the Client(s) of any change pertaining thereto. The Client(s) certify that it is their responsibility to notify Viocity of any changes to the above information.

Client Name (Printed)	
Client Signature	Date:
Client Signature (joint)	Date:
Representative - Name and Signature	Date:
Chief Compliance Officer - Name and Signature	Date: