

MortEq Lending Corp. Corporate Investor Information Form

Company Name _____

Business Number _____

Mailing Address _____

Office Address _____

Authorized Signatory Name _____

Home Phone No. _____

Work Phone No. _____

Email Address _____

Amount you would like to invest _____

Please make your dividend election by completing and signing the bottom portion of this form.

I elect to receive quarterly dividends as follows :
