

## FINANCIAL STATEMENT REQUEST FORM

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From: Intellipharmaceuticals International Inc. (the "Corporation")

Pursuant to National Instrument 51-102 – *Continuous Disclosure Obligations*, the Corporation is required to send annually a request form to registered and beneficial holders of its securities that they may use to request the Corporation's financial statements and the related management discussion and analysis ("MD&A").

**The annual and interim financial statements of the Corporation and the MD&A are accessible at [www.sedar.com](http://www.sedar.com).**

If you wish to receive the Corporation's annual financial statements and the related MD&A, please complete and return this form; otherwise, you will not receive them. If you wish to receive the Corporations' interim financial statements and the related MD&A, please complete and return this form; otherwise, you will not receive them.

Upon receipt of the Financial Statement Request Form you will be placed on our mailing list maintained by CST Trust Company. You may change such instructions at any time by contacting the Corporation's transfer agent, CST Trust Company, P.O Box 700 Postal Station B, Montréal, QC, H3B 3K3 or by telephone at (416) 682-3860 or 1-800-387-0825 (toll-free).

**The completed form should be mailed, faxed or emailed to: CST Trust Company, P.O Box 700, Postal Station B, Montréal QC, H3B 3K3; Facsimile: (416)368-2502 or 1-866-781-3111; Email: [Inquiries@canstockta.com](mailto:Inquiries@canstockta.com).**

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The undersigned certifies that he/she/it is a registered and/or beneficial owner of common shares of the Corporation, and provides the following instructions:

- Please check this box if you wish to receive the Corporation's annual financial statements and the related MD&A.
- Please check this box if you wish to receive the Corporation's interim financial statements and the related MD&A.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Province (or State) Postal Code (or Zip code)

\_\_\_\_\_  
Signature of shareholder or authorized signatory

\_\_\_\_\_, 2017  
Dated

**Please complete and return this form to CST Trust Company at the address stated above. As the list of shareholders who request financial information will be updated each year by the Corporation, a form such as this one will be required from you annually in order for your name to remain on the list.**