



FONDACTION RRSP LOAN APPLICATION

You must be 18 years of age or older.

Offered in partnership with the caisse Desjardins du Chaînon, our RRSP loans are reserved exclusively for Fondation shareholders. The interest rate in effect on the day the application is processed is the interest rate that will apply. Please click [here](#) to view rates.

1. **Indicate your seven-digit reference number:** Enter the bank transfer number received when the online RRSP account was opened or as indicated on your investment statement.

2. **Filling out the sections**

Section 3: Selection of an Accord D financing plan

- **Loan amount:** indicate the financing amount, making sure to include the \$25 participation fee if this is your first contribution.
- **Repayment options:**
 - **Desired repayment period:** 1, 2, 3, 4 or 5 years.
 - **Deferred capital payment financing with interest in the deferral period:** take advantage of capital payment deferral for the first six months—pay only the monthly interest. The repayment options selected on the RRSP loan application will come into effect after this period.

Section 4: Personal information

- All fields are mandatory.
- **Visa Desjardins card:** if you have a Visa Desjardins card, please provide the number in section 4. You do not need a Visa Desjardins card to apply for a loan.

Section 6: Personal information

- All fields are mandatory.

3. **Sign and date the form**

4. **Send the application: by fax at 514 525-5218 or 1 866 525-5218.**

Payment to your Fondation RRSP

Sums paid go directly to your Fondation RRSP. Within 30 days, you will receive a Visa Desjardins statement regarding your loan and identifying the caisse Desjardins du Chaînon (815-92182).

Repayment terms and conditions

Your RRSP loan can be repaid at any time without penalty. See your Visa Desjardins statement for more information.

Contributions to another shareholder's RRSP

Apply for a single RRSP loan for more than one shareholder or apply for someone else. Provide the following information in the "Contribution to another shareholder's RRSP" section: last name, first name, social insurance number and amount.

Rejected applications

Applications are processed confidentially. If your application is rejected, an employee of the caisse Desjardins du Chaînon will contact you within five business days of its receipt.



A note of caution regarding the use of RRSP loans


Borrowing money to buy securities presents a greater risk than using one's own money to make the purchase. People who borrow money to buy securities are forced to repay the loan in accordance with the terms and conditions imposed on the latter, including interest, even if the securities purchased lose value.

INFORMATION


For more information, please contact Fondation's Shareholder Services at 514 525-5505, or toll-free at 1 800 253-6665.

USEFUL INFORMATIONS

FILL IN ALL THE FIELDS IN THE SECTIONS INDICATED BY THE RED ARROWS



VISA Desjardins card/Accord D financing application form
available on the Desjardins Intranet Portal (C.E.D. Le Chaînon-815-92105)



CONTACT NAME AT FONDACTION AND TELEPHONE NUMBER

BANK TRANSFER REFERENCE NUMBER

GOLD cards ▶ minimum annual family income: \$35,000

SECTION 1 CHOICE OF VISA DESJARDINS CARDS* (FOR AN ACCORD D FINANCING)

Odyssey GOLD[®] Annual fee: \$110, 76 yrs and older: \$30, 1% in BONUSDOLLARS included
 Modulo GOLD[®] Annual fee: \$50, 1% in BONUSDOLLARS included
 Elegance Annual fee: No annual fee, 0.5% in BONUSDOLLARS included

SECTION 2 OPTIONS

Desjardins BONUSDOLLARS Program Annual fee of \$30 — 1% in BONUSDOLLARS (only on the Classic and Elegance GOLD cards)
 LOW INTEREST RATE Non-refundable annual fee of \$30
 OTHER Specify:

SECTION 3 CHOICE OF ACCORD D FINANCING

Desjardins BONUSDOLLARS Program
 Accord D RRSP financing

SECTION 4 PERSONAL INFORMATION

FINANCING AMOUNT: _____ INTEREST RATE: _____ PERIOD OF REPAYMENT: _____ FINANCING PURPOSE (MANDATORY): _____
 DEFERRED PRINCIPAL PAYMENT FINANCING WITH INTEREST CHARGES DURING THE DEFERRAL PERIOD. MEMBER WANTS A PRINCIPAL DEFERRAL PERIOD FOR THE MONTHLY PAYMENT OF INTEREST CHARGES WHEN THE FINANCING APPLICATION MENTIONED ABOVE IS APPROVED.

FIRST NAME: _____ LAST NAME: _____
 PERMANENT HOME ADDRESS: _____ STREET NAME AND #: _____ APT. #: _____ CITY: _____ PROV.: _____ POSTAL CODE: _____
 BIRTH DATE: _____ HOME TELEPHONE NUMBER: _____ CELL PHONE NUMBER (OPTIONAL): _____ SOCIAL INSURANCE NUMBER: _____ LANGUAGE: FRENCH ENGLISH
 MOTHER'S FIRST NAME AND MAIDEN NAME (SECURITY MEASURE IN CASE OF LOSS OR THEFT): _____
 E-MAIL ADDRESS: _____

SECTION 5 REPLACEMENT OF A COMPETITOR'S CARD AND TRANSFER OF BALANCE

ISSUER OF CARD TO REPLACE: _____ CARD NUMBER: _____ CREDIT LIMIT: \$ _____

SECTION 6 FINANCIAL AND EMPLOYMENT INFORMATION

NAME AND ADDRESS: _____ STREET AND NO.: _____ CITY: _____ PROV.: _____ POSTAL CODE: _____
 CURRENT EMPLOYER OR SOURCE OF INCOME: _____ TELEPHONE NO. AT WORK: _____ DETAILED JOB DESCRIPTION: _____
 SINCE: _____ MONTHLY INCOME: GROSS NET HOUSEHOLD MONTHLY INCOME: _____ OTHER MONTHLY REVENUE: _____
 FINANCIAL INSTITUTION (NAME AND ADDRESS) — (FOR AN ACCORD D FINANCING, THE AMOUNT WILL BE DEPOSITED IN YOUR CHECKING ACCOUNT): _____ TRANSIT #: _____ FOLIO/ACCOUNT #: _____
 CAISSE DCU BANK CHECKING ACCOUNT SAVINGS ACCOUNT
 MORTGAGE LENDER: _____ BALANCE: \$ _____ VALUE OF THE PROPERTY: \$ _____

SECTION 7 CARD APPLICATION FOR A CO-APPLICANT (ANNUAL FEE: Modulo GOLD \$10 / Odyssey GOLD \$30)

NAME AND ADDRESS: _____ STREET AND NO.: _____ CITY: _____ PROV.: _____ POSTAL CODE: _____
 CO-APPLICANT'S ADDRESS: _____ STREET NAME AND #: _____ APT. #: _____ CITY: _____ PROV.: _____ POSTAL CODE: _____
 IDENTIFICATION DOCUMENT: _____ TYPE OF IDENTIFICATION DOCUMENT: _____ NUMBER OF IDENTIFICATION DOCUMENT: _____ PROVINCE OF ISSUANCE: _____ EXPIRATION DATE: _____
 CURRENT EMPLOYER OR SOURCE OF INCOME: _____ TELEPHONE NO. AT WORK: _____ DETAILED JOB DESCRIPTION: _____
 SINCE: _____ MONTHLY INCOME: GROSS NET HOUSEHOLD MONTHLY INCOME: _____ OTHER MONTHLY REVENUE: _____

SECTION 8 DEATH AND DISABILITY INSURANCE

The benefits from the death and disability insurance coverages included with Accord D financing obtained at the caisse are payable to the primary cardholder only. The insurance coverages are underwritten by Desjardins Financial Security Life Assurance Company. Only the insurance policy sent with the primary cardholder's account statement can be used to settle legal disputes. Certain conditions and restrictions apply.

SECTION 9 DECLARATION

Card application and/or Financing
Each of the applicants certifies that the above information, as well as that directly entered by the advisors and verified by the undersigned on screen, is true and accurate and requests the granting of the solicited Accord D financing and, when applicable, that a VISA* card be issued and thereafter renewed or replaced at the discretion of the Fédération des caisses Desjardins du Québec ("Fédération"). If the Accord D financing is to be applied to an existing VISA Desjardins card and the cash advance exceeds either the authorized credit limit or the credit available, the cardholder may request a credit limit increase equal to the outstanding amount.

Responsibilities
If a VISA card is issued, each of the applicants undertakes to use that card in accordance with the terms and conditions of the contract established by the Fédération and delivered with the card. Each of the applicants shall be solidarily liable for any debt incurred for the use of the cards issued to the primary cardholder account. Any debt shall be indivisible and may be collected in its entirety from the heirs, legatees and assigns of each of the applicants.

Authorization for the collection and disclosure of information
Each of the applicants agrees that the Fédération may obtain and update, from any personal information agent, financial institution, employer or credit card issuer ("Third Parties"), any information required for the subject of their file in order to prove to the Fédération the use of his or her business dealings with the Fédération in its active or inactive or closed file. Each of the applicants agrees that the Fédération may disclose to any person from the use of the VISA Desjardins credit card.

CONTRIBUTIONS TO ANOTHER SHAREHOLDER'S RRSP
Fill out in the case of a single RRSP loan for more than one shareholder.

SECTION 9 SIGNATURE(S)

APPLICANT'S SIGNATURE: _____ DATE: _____

CONTRIBUTION TO ANOTHER SHAREHOLDER'S RRSP: YES NO

FIRST NAME: _____ LAST NAME: _____ SOCIAL INSURANCE NUMBER: _____ AMOUNT: \$ _____

SECTION 3
Indicate the financing amount, making sure to include the \$25 participation fee if this is your first contribution.

SECTION 4
All fields are mandatory.

SECTION 6
All fields are mandatory.

SECTION 9
Sign and date the form.

Enter the bank transfer number received when the online RRSP account was opened or as indicated on your investment statement.

Store cards (e.g. Brault & Martineau) beginning with 4530 94 are not valid.

CONTRIBUTIONS TO ANOTHER SHAREHOLDER'S RRSP
Fill out in the case of a single RRSP loan for more than one shareholder.

* Visa Int. / Fédération des caisses Desjardins du Québec, authorized user. * Subject to credit approval. * If a limit of \$50,000 cannot be granted based on the information provided, your application will be studied for a Classic card.
 * Only for Caisses and Desjardins Credit Unions members.



VISA Desjardins card/Accord D financing application form available on the Desjardins Intranet Portal (C.E.D. Le Chaînon-815-92105)



CONTACT NAME AT FONDACTION AND TELEPHONE NUMBER

CONFIRMATION NUMBER (RESERVED FOR THE CAISSE)

BANK TRANSFER REFERENCE NUMBER

GOLD cards ► minimum annual family income: \$35,000

FILE OBJECT: To provide financial services for various credit and payment services.

SECTION 1 CHOICE OF VISA DESJARDINS CARDS¹ (FOR AN ACCORD D FINANCING ONLY, PLEASE SKIP TO SECTION 3)

CHECK ONE BOX ONLY	<input type="checkbox"/> Odyssey GOLD² Annual fee: \$110, 76 yrs and older: \$90 1% in BONUSDOLLARS included	<input type="checkbox"/> Modulo GOLD² Annual fee: \$50 1% in BONUSDOLLARS included	<input type="checkbox"/> Elegance GOLD² No annual fee 0.5% in BONUSDOLLARS included	<input type="checkbox"/> Classic No annual fee	FOR STUDENTS ONLY No annual fee — FBC <input type="checkbox"/> Tape <input type="checkbox"/> Yellow <input type="checkbox"/> Plaid TO BE ELIGIBLE ► You must be 18 or over.
	<input type="checkbox"/> PBY	<input type="checkbox"/> FCE	<input type="checkbox"/> FBE		

SECTION 2 OPTIONS

<input type="checkbox"/> Desjardins BONUSDOLLARS Program Annual fee of \$30 — 1% in BONUSDOLLARS (only on the Classic and Elegance GOLD cards).	<input type="checkbox"/> LOW INTEREST RATE Non-refundable annual fee of \$30	<input type="checkbox"/> OTHER Specify: _____
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SECTION 3 CHOICE OF ACCORD D FINANCING PLAN¹

FINANCING AMOUNT	INTEREST RATE	PERIOD OF REPAYMENT	FINANCING PURPOSE (MANDATORY):
\$			<input type="checkbox"/> Accord D RRRSP financing

DEFERRED PRINCIPAL PAYMENT FINANCING WITH INTEREST CHARGES DURING THE DEFERRAL PERIOD. MEMBER WANTS A PRINCIPAL DEFERRAL PERIOD FOR THE FIRST SIX MONTHS OF THE FINANCING REQUESTED. THE MONTHLY PAYMENT OF INTEREST CHARGES WILL APPEAR ON THE MEMBER'S STATEMENT OF ACCOUNT DURING THIS PERIOD. THE INTEREST RATE IS THE ONE THAT IS EFFECTIVE WHEN THE FINANCING APPLICATION MENTIONED ABOVE IS MADE. INTEREST CHARGES ARE APPLICABLE UPON APPROVAL OF THE APPLICATION.

SECTION 4 PERSONAL INFORMATION

<input type="checkbox"/> MS. <input type="checkbox"/> MR.	FIRST NAME	IF YOU HAVE ANOTHER VISA DESJARDINS CARD, PLEASE ENTER THE NUMBER. 4 5			
	LAST NAME	IF YOU ARE APPLYING FOR ACCORD D FINANCING ONLY, PLEASE IGNORE THE FOLLOWING QUESTION. WOULD YOU LIKE TO KEEP YOUR CURRENT CARD IF YOU ARE ELIGIBLE FOR ADDITIONAL CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, YOUR BALANCE WILL BE TRANSFERRED AND YOUR CURRENT ACCOUNT CANCELLED AS SOON AS YOU RECEIVE YOUR NEW CARD(S).			
PERMANENT HOME ADDRESS	STREET NAME AND #	APT. #	CITY	PROV.	POSTAL CODE
BIRTH DATE	HOME TELEPHONE NUMBER	CELL PHONE NUMBER (OPTIONAL)	SOCIAL INSURANCE NUMBER	LANGUAGE <input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH	
MOTHER'S FIRST NAME AND MAIDEN NAME (SECURITY MEASURE IN CASE OF LOSS OR THEFT)	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> OTHER	MONTHLY COST OF RESIDENCE	HOW LONG _____ YEAR(S) _____ MONTH(S)	
E-MAIL ADDRESS					

IDENTITY DOCUMENT	TYPE OF IDENTITY DOCUMENT	NUMBER OF IDENTITY DOCUMENT	PROVINCE OF ISSUANCE	EXPIRATION DATE D M M Y Y Y
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SECTION 5 REPLACEMENT OF A COMPETITOR'S CARD AND TRANSFER OF BALANCE

ISSUER OF CARD TO REPLACE	CARD NUMBER	CREDIT LIMIT
		\$

You will shortly receive VISA Desjardins cheques that you may use to transfer the balance of the above card to your new VISA Desjardins account. We encourage you to cancel this card as soon as you receive your new VISA Desjardins card.

SECTION 6 FINANCIAL AND EMPLOYMENT INFORMATION

NAME AND ADDRESS	STREET AND NO.	CITY	PROV.	POSTAL CODE
CURRENT EMPLOYER OR SOURCE OF INCOME	TELEPHONE NO. AT WORK	DETAILED JOB DESCRIPTION		
SINCE	MONTHLY INCOME	HOUSEHOLD MONTHLY INCOME	OTHER MONTHLY REVENUE	
YEAR(S) MONTH(S)	\$	\$	\$ SPECIFY: _____	
FINANCIAL INSTITUTION (NAME AND ADDRESS) — (FOR AN ACCORD D FINANCING, THE AMOUNT WILL BE DEPOSITED IN YOUR CHEQUING ACCOUNT ²)			TRANSIT #	FOLIO/ACCOUNT #
<input type="checkbox"/> CAISSE <input type="checkbox"/> DCU <input type="checkbox"/> BANK				<input type="checkbox"/> CHEQUING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT
MORTGAGE LENDER	BALANCE	VALUE OF THE PROPERTY		
	\$	\$		

SECTION 7 CARD APPLICATION FOR A CO-APPLICANT (ANNUAL FEE: Modulo GOLD \$10 / Odyssey GOLD \$30)

The card requested must be for a person other than the main applicant. The second cardholder shall be jointly liable for any purchases made with the card(s) issued as a result of this application. (The co-applicant must fill out this section and sign below.)

<input type="checkbox"/> MS. <input type="checkbox"/> MR.	FIRST NAME	LAST NAME	SOCIAL INSURANCE NUMBER
<input type="checkbox"/> SAME ADDRESS AS SECTION 4	STREET NAME AND #	APT. #	CITY
CO-APPLICANT'S ADDRESS			PROV. POSTAL CODE
IDENTITY DOCUMENT	TYPE OF IDENTITY DOCUMENT	NUMBER OF IDENTITY DOCUMENT	PROVINCE OF ISSUANCE EXPIRATION DATE D M M Y Y Y
NAME AND ADDRESS	STREET AND NO.	CITY	PROV. POSTAL CODE
CURRENT EMPLOYER OR SOURCE OF INCOME	TELEPHONE NO. AT WORK	DETAILED JOB DESCRIPTION	
SINCE	MONTHLY INCOME	HOUSEHOLD MONTHLY INCOME	OTHER MONTHLY REVENUE
YEAR(S) MONTH(S)	\$	\$	\$ SPECIFY: _____

SECTION 8 DEATH AND DISABILITY INSURANCE

The benefits from the death and disability insurance coverages included with Accord D financing obtained at the caisse are payable to the primary cardholder only. The insurance coverages are underwritten by Desjardins Financial Security Life Assurance Company. Only the insurance policy sent with the primary cardholder's account statement can be used to settle legal disputes. Certain conditions and restrictions apply.

SECTION 9 DECLARATION

Card application and/or Financing

Each of the applicants certifies that the above information, as well as that directly entered by the advisors and verified by the undersigned on screen, is true and accurate and requests the granting of the solicited Accord D financing and, when applicable, that a VISA* card be issued and thereafter renewed or replaced at the discretion of the Fédération des caisses Desjardins du Québec ("Fédération"). If the Accord D financing is to be applied to an existing VISA Desjardins card and the cash advance exceeds either the authorized credit limit or the credit available, the cardholder may request a credit limit increase equal to the outstanding amount.

Responsibilities

If a VISA card is issued, each of the applicants undertakes to use that card in accordance with the terms and conditions of the contract established by the Fédération and delivered with the card. Each of the applicants shall be solidarily liable for any debt incurred for the use of the cards issued to the primary cardholder account. Any debt shall be indivisible and may be collected in its entirety from the heirs, legatees and assigns of each of the applicants.

Authorization for the collection and disclosure of information

Each of the applicants agrees that the Fédération may obtain and update, from any personal information agent, financial institution, employer or credit card issuer ("Third Parties"), any information required for the subject of their file in order to prove his or her solvency and to review its commitments to the Fédération within the context of his or her business dealings with it. Each of the applicants authorizes any Third Parties to disclose such information to the Fédération, even though said information may be found in an inactive or closed file. Each of the applicants agrees that the Fédération may disclose to any personal information agent, financial institution and credit card issuer any financial commitments towards the Fédération arising from the use of the VISA Desjardins credit card.

SIGNATURE(S)

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE

CONTRIBUTION TO ANOTHER MEMBER'S RRRSP: YES NO



FIRST NAME	LAST NAME	SOCIAL INSURANCE NUMBER	AMOUNT
			\$

* Visa Int. / Fédération des caisses Desjardins du Québec, authorized user. ² If a limit of \$5,000 cannot be granted based on the information provided, your application will be studied for a Classic card. ³ Only for Caisses and Desjardins Credit Unions members.

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