

Request to change beneficiary(ies) in the event of death (RRSP account only)

To be completed by the shareholder

For detailed requirements and conditions, or for more information, see the prospectus at fondaction.com/prospectus.

1. Shareholder Identification

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	Date of birth	
<input type="text"/>	<input type="text"/>	FON	<input type="text"/>
Address	City	User ID	Application number
<input type="text"/>	<input type="text"/>	▼ The user ID begins with FON and can be found in the upper right-hand corner of the Investment statement available at fondaction.com/account .	▼ The application number can be found under the Status of your investments section of the Investment statement available at fondaction.com/account . Complete one form per application number.
Province	Postal code		
<input type="text"/>	<input type="text"/>		
Email			

2. Irrevocable consent of the beneficiary (if applicable)

IF A BENEFICIARY HAS BEEN IRREVOCABLY DESIGNATED, THEY MUST FILL OUT AND SIGN THIS SECTION.

I, _____, the designated irrevocable beneficiary for the purposes of the First name and last name of the current irrevocable beneficiary contract for constitution of annuity related to the Registered Retirement Savings Plan held by the shareholder identified in Section 1, waive the irrevocability of my designation.

<input type="text"/>	<input type="text"/>
Signature of the current irrevocable beneficiary	Date
<input type="text"/>	
Telephone (main)	

3. Beneficiary(ies) in the event of death

I revoke any previous beneficiary designation and request that the death benefit be payable (please select A or B):

A – to my estate

or

B – to the beneficiary(ies) designated below, based on the percentage or share indicated in the “Shared (%)” column

Last Name, First Name	Family relationship or other relationship to the shareholder (specify)	If spouse		Revocable	Irrevocable	Shared (%)	Email or telephone
		Married or in a civil union	Common-law				

ATTENTION

In Quebec, unless indicated otherwise, the designation of the married or civil union spouse is by default IRREVOCABLE and the designation of all other beneficiaries is REVOCABLE. I understand that I must check the box if I wish my spouse's designation as beneficiary to be revocable or another person's designation as beneficiary to be irrevocable. The designation of a revocable beneficiary may be changed at any time in writing, but that of an irrevocable beneficiary may be changed only upon the written consent of the beneficiary. This consent, in the case of a minor child, can only be given by the child once they have reached the age of majority. Divorce or nullity of marriage and dissolution or nullity of a civil union generally causes any designation of a spouse as beneficiary to lapse. This rule does not apply to common-law spouses, so I acknowledge that it is my responsibility, in the event of termination of cohabitation, to revoke a designation for a former common-law spouse, if applicable.

If I have checked "A — My estate" while designating at least one beneficiary in the table above, the designation(s) will take precedence over the fact that I checked this box.

If no percentage or share is indicated in one or more of the "Shared (%)" boxes, or if the sum of the percentages or shares does not equal 100%, I request that the death benefits be divided equally among the designated beneficiaries. If there is only one designated beneficiary, he or she or it will receive the entire death benefit.

I request that the percentage indicated in the "Shared (%)" column for each beneficiary who predeceased me (for the purposes of the following, the situation of a beneficiary who refuses the benefits or is unworthy of receiving it is considered predeceased) be devolved in equal shares to the surviving designated beneficiaries, according to their number, regardless of whether the "Shared (%)" values are equal or not among the designated beneficiaries. If there is only one surviving designated beneficiary at my death, he or she or it will receive the entire death benefits. If no designated beneficiary survives me, I request to have the death benefit paid to my estate.

By providing personal information about a beneficiary, I warrant that I have obtained from that beneficiary [or, in the case of a minor for whom I am not the tutor, from his or her tutor] their manifest, free and enlightened consent to the collection, use and communication of their personal information for the purpose of responding to and processing any death benefits application that may involve that beneficiary.

4. Declarations and consents

Je déclare avoir reçu la version en langue française de ce document préalablement à sa signature et confirme que ma volonté expresse est d'être lié juridiquement par cette version du document en langue anglaise; cette volonté expresse étant également partagée par Fondation. Conséquemment, tous autres documents qui s'y rattachent peuvent être rédigés en langue anglaise. I declare that I have received the French language version of this document prior to its signature and confirm that my express wish is to be legally bound by this version of the document in English; this express wish being also shared by Fondation. Consequently, all other related documents may be drafted in English.

I understand and accept:

That it is my responsibility to ascertain the tax, legal and financial consequences of this request, thereby acknowledging that Fondation (including its employees, Fondation Representatives ["FR"] or Fondation Regional Representatives ["FRR"]) does not provide advice in these matters.

That without limiting the scope of the foregoing, no responsibility is assumed as to the validity of a new beneficiary designation or a beneficiary revocation.

5. Protection of personal information

I authorize Fondation to collect directly from me (and, if applicable, from the irrevocable beneficiary referred to in Section 2), to use and communicate the personal information provided or obtained as part of this request with the aim of responding to it, including, for example, identifying me; preparing, analyzing and processing the request; performing transactions incidental to or related to this request; updating records; performing audit and compliance activities; as well as any other purposes permitted by law. This consent is also requested on behalf of any Fondation registrar and of any Registered Retirement Savings Plan trustee from Fondation ("**registrar and trustee**"), currently, Viaction Assurance inc. Any personal information collected may be handled by Fondation's employees or, in some cases, the registrar and trustee's employees, and may be communicated to the competent tax authorities, in accordance with the law, as well as to any service provider or authorized mandatary with whom it is necessary to communicate this information, located in Quebec or which may be located outside of Quebec, in particular, any company offering cloud services, software, investment statement preparation, scanning, communication and advertising services, etc. My personal information is used, communicated or retained only as long as necessary for the fulfillment of those purposes and to the extent permitted or required by law.

For more information, or to submit a written request for access or rectification of my personal information, I may contact the person in charge of the protection of personal information at Fondation by mail or email at confidentialite@fondaction.com. I may also withdraw my consent to the communication or use of the information collected, in accordance with the law, by sending reasonable written notice to the same contact information. However, legal or contractual requirements may prevent a withdrawal of consent. Any such withdrawal may also limit Fondation's ability to respond to this request. To learn more about the protection of my personal information, I may review Fondation's [Personal Information Protection and Privacy Policy](#).

6. Signature

Signature of the shareholder

| A | A | A | A | | M | M | | J | J |

 Date

Fondaction representative (FR)

 FR number Last name First name

Signature

| A | A | A | A | | M | M | | J | J |

 Date

Submit documents

- **Complete** the form electronically in the PDF document or print and fill in a hard copy.
An electronic signature is not accepted, the form must be printed and signed by hand.
- Send the form and any other required document
by email: info.actionnaires@fondaction.com **or** **by mail:** Fondaction – Shareholder Services
 2175 De Maisonneuve Blvd. East, Suite 103
 Montréal, Québec H2K 4S3

Please note that we may ask you to provide additional information or documents, if needed.