Fondaction
Giving money meaning.

Application to start or modify payroll deductions

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

Last name _____ First name _____ Date of birth A A A A M M J J

Address _____ City _____ FON _____ User ID ▼ Application number ▼ _____

Province _____ Postal code _____

Email _____

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.**

2. Payroll deduction

Plan under which you are submitting the application:

- ☐ RRSP (Class "A" shares – Series 1)
- ☐ Spousal RRSP (Class "A" shares – Series 1)
- ☐ Non-registered savings plan (non-RRSP) (Class "A" shares – Series 2)

I authorize Fondaction or one of its mandataries to ask my employer to make payroll deductions (including, for the purposes of the following and if applicable, the payment of any employer contribution) to allow me to subscribe to Fondaction shares or fractional shares, until I notify Fondaction otherwise, and I authorize my employer to act as my mandatary for the purposes of the deductions and their remittance to Fondaction, including the production of a statement containing, in accordance with the law, my name, address, date of birth and social insurance number. If the application aims to end payroll deductions, I authorize Fondaction or one of its mandataries to ask my employer to stop making payroll deductions. I understand that Fondaction's role is to forward my application to my employer, but that it is the latter who is responsible for applying the deduction(s) and making the remittance(s) or, if appropriate, for stopping payroll deductions.

A- _____ Employer number | Employer name _____ | Employer number (if applicable) _____

2.1 Periodic payroll deductions

Y Y Y Y M M D D
Payroll deduction start date

Employee contribution

$	per pay period
%	of my salary
$	per hour

Is there an employer contribution?
- ☐ Oui
- ☐ Non

2.2 One-time payroll deduction

My employer will pay the agreed amount of $ _____

On a voluntary and optional basis, we invite you to specify the source of the payment to enable us to present you with recommendations and offers and for the purposes of studies, research and statistics:

- ☐ Bonus
- ☐ Retroactive
- ☐ Sick leave/paid leave
- ☐ Based on agreement
- ☐ Retirement allowance
- ☐ Other: _____

Insofar as it is offered by my employer, I request that my employer apply the following to my pay:

- ☐ RRSP deductions and tax credits
- ☐ RRSP deductions only
- ☐ Tax credits only
- ☐ No tax credit or RRSP deduction

Should I not select any of the above options, I will be deemed to have chosen the "No tax credit or RRSP deduction" option.

2.3 Stop payroll deductions

I wish to stop payroll deductions as of: A A A A M M J J

For administrative purposes, processing any update may take up to 2 weeks to complete.

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3. 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 Fondaction. 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 Fondaction. 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 application, thereby acknowledging that Fondaction (including its employees, Fondaction Representatives ["**FR**"] or Fondaction Regional Representatives ["**FRR**"]) does not provide advice in these matters.
- That it is my responsibility to **check whether or not I am eligible for income tax credits** and, for RRSP accounts, to check that I have not exceeded my RRSP deduction limit. A summary of the main credit eligibility criteria is available in the prospectus or at fondaction.com/taxcredits
- That the subscription of Fondaction shares or fractional shares constitutes an investment for retirement purposes that **may only be redeemed or purchased in the specific circumstances** set forth in the establishing Fondaction act and set out in the prospectus.

I declare having received the current prospectus. Before investing, I acknowledge that it is my responsibility to review the prospectus.

4. Protection of personal information

I authorize Fondaction to collect directly from me (and, if applicable, from my spouse in the case of a spousal RRSP or from my employer in the case of subscription by payroll deduction or from a FR or a FRR in the case of certain subscriptions, for example, in the workplace), use and communicate the personal information provided or obtained from me or from a third party in connection with this application for the following purposes:

- respond to this application, including, for example, to identify me, to prepare, analyze and process the application, to perform transactions incidental to or related to this application, to establish records, to perform audit and compliance activities, and any other purposes permitted by law;
- issue to me shares or fractional shares and process any payment of the subscription price in accordance with the agreed subscription method;
- maintain the business relationship, which includes, for example, verifying my identity; maintaining my account(s); taking steps to update my information or obtain instructions from me; processing any request for information or inquiry or any request for access or rectification, or handling any complaint; convening or attending any shareholders' meeting; producing any statement, slip, notice or legal document, etc.

This consent is also requested on behalf of any Fondaction registrar and of any Fondaction trustee of registered retirement savings plans ("**registrar and trustee**"), currently, Viaction Assurance inc. Any personal information collected may be handled by Fondaction's employees or, in some cases, the registrar and trustee's employees, and may be communicated with my employer, competent tax authorities, in accordance with the law, as well as with any service provider or mandatary with whom it is necessary to communicate the information, located in Quebec or which may be located outside of Quebec, in particular, any company providing cloud services; software; preparation of investment statements or tax slips; scanning, mail,courier, communications and advertising services; meeting management, voting management and identity verification services, etc. My personal information is used, disclosed 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 Fondaction 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 Fondaction's ability to respond to this application. To learn more about the protection of my personal information, I may refer to Fondaction's Policy on privacy and protection of personal information at fondaction.com/privacy-policy.

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5. Signature(s)

Signature of the shareholder

A A A A M M J J
Date

Signature of the contributing spouse (payer) in the case of a spousal RRSP

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 and sign** the form electronically in the PDF document or print and fill in a hard copy. An electronic signature is accepted.
- See the types of signatures that are accepted in our **FAQ:** **fondaction.com/faq/types-signatures-admis**.
- Send the form and any other required document **through the secure online portal:** **fondaction.com/en/secure/questions**

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.