

# REQUEST FOR CHANGE AND SUBSEQUENT TRANSACTION

*more* than an  
**RRSP**

**FONDACTION**  
CSN POUR LA COOPÉRATION  
ET L'EMPLOI

québécois  
INNOVATING

**1 Personal Information**

**ABOUT THE SHAREHOLDER**

Name of the person on whose behalf the shares are purchased.

F  M  Date of Birth  Social Insurance Number

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Telephone (work or cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
E-mail \_\_\_\_\_  
If unionized CSN  Union No. or other, specify \_\_\_\_\_

**ABOUT THE CONTRIBUTING SPOUSE**

To be completed for Spousal RSP only (Tax credits and tax deductions will be attributed to the contributing spouse)

F  M  Date of Birth  Social Insurance Number

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address  (Check if the same as shareholder) \_\_\_\_\_  
City/Town \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Telephone (work or cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
E-mail \_\_\_\_\_  
If unionized CSN  Union No. or other, specify \_\_\_\_\_

**2 Subscription by Payroll Deduction**

I hereby subscribe, in accordance with stipulated conditions, for Class A, Series 1 or Series 2 capital stock shares of Fondation, le Fonds de développement de la Confédération des syndicats nationaux pour la coopération et l'emploi (Fondation), and agree to pay the applicable fees mentioned in the Prospectus.

**GF-**  **A-**   Name of Employer Is this a change of employer?  Yes  No

**2.1 PAYROLL DEDUCTIONS**

Start  Date  Modify  Date  Stop  Date  Restart  Date

Reason  Financial  Retirement  HBP  "Contribution room"  Other \_\_\_\_\_

Employee contribution	Employee/employer contribution (following a written agreement)
\$ <input type="text"/>	← per pay period → \$ <input type="text"/>
<input type="text"/> %	← of my salary → <input type="text"/> %
\$ <input type="text"/>	← per hour → \$ <input type="text"/>

**2.2 LUMP-SUM SALARY DEDUCTION**

My employer will pay for me and in my name the agreed amount of: \$  OR  %

Bonus  Retroactive  Sick leave/paid leave  
 Based on agreement  Retirement allowance  
 Other: \_\_\_\_\_

Should I fail to check "Yes" or "No," I will be deemed to have consented to the application of immediate tax deductions.

I request that the employer applies the immediate tax deductions:  Yes  No

If yes

RRSP deductions and tax credits (if offered)  
 Tax credits only (if offered)

Should I fail to check "Yes" or "No," I will be deemed to have consented to the application of immediate tax deductions.

I request that the employer applies the immediate tax deductions:  Yes  No

If yes

RRSP deductions and tax credits (if offered)  
 Tax credits only (if offered)

### 3 Direct Subscription

I hereby subscribe, in accordance with stipulated conditions, for Class A, Series 1 or Series 2 capital stock shares of Fondation, le Fonds de développement de la Confédération des syndicats nationaux pour la coopération et l'emploi (Fondation), and agree to pay applicable fees mentioned in the Prospectus.

#### 3.1 LUMP-SUM PAYMENT

Amount:  My payment is by:  
 Cheque  Debit card  Other: \_\_\_\_\_

#### 3.2 PRE-AUTHORIZED DEBIT PAYMENT (Enclose a personalized cheque specimen marked "VOID")

If no date is provided, payment will be made automatically on the first day of the month following receipt of this form. This date must be between the 1 and the 28 of the month.

Start  Modify  Stop  Restart  
 Date:  Date:  Date:  Date:   
 Reason:  Financial  Retirement  HBP  "Contribution room"  Other \_\_\_\_\_

Amount (minimum \$10):  Frequency:  Monthly  Every two weeks  Every week

#### AUTHORIZATION

- I, the undersigned, Account Holder
- Authorize Fondation, to withdraw from the following account the above-mentioned amount at the frequency selected;
  - Authorize Fondation to invoice me and debit any charges from my account if the pre-authorized debit payment cannot be processed as stipulated in this agreement, and I waive **my right to receive a written notice about the changes made to my next debit payment**;
- Authorize the financial institutions below to deduct from my account the above-mentioned amount. This authorization may be revoked at any time upon my written notice, which must be sent to Fondation 30 calendar days prior to the next scheduled pre-authorized payment;
  - Acknowledge receipt of a copy of this agreement and waive my right to receive a written notice before the first pre-authorized debit payment.**

Name of Account Holder \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_  
 Name of Joint Account Holder (where applicable) \_\_\_\_\_  
 Transit No. \_\_\_\_\_ Institution No. \_\_\_\_\_ Account No. \_\_\_\_\_

#### RIGHT TO RECOURSE

I have certain rights to recourse should a debit payment not comply with this agreement. For example, I am entitled to receive a refund of any unauthorized debit payments or those that are not in compliance with this authorization. For more information about my right to recourse, on how to obtain a sample cancellation form or any other information on my right to cancel, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**X** \_\_\_\_\_ Signature of Account Holder (mandatory)  
**X** \_\_\_\_\_ Signature of Joint Account Holder (where applicable) (mandatory)

### 4 Distribution of Subscription

<b>Serie 1</b>	RRSP in my own	Application No	<input type="text" value=""/>	Distribution _____ % or \$ _____ or <input type="checkbox"/> Stopping
	RRSP in the name of my spouse	Application No	<input type="text" value=""/>	Distribution _____ % or \$ _____ or <input type="checkbox"/> Stopping
<b>Serie 2</b>	Non-registered	Application No	<input type="text" value=""/>	Distribution _____ % or \$ _____ or <input type="checkbox"/> Stopping

### 5 Authorization and Signature(s)

- I declare that I have been informed:
- That Fondation may, at its sole discretion, accept all or part of the subscription and terminate it at any time.
  - That this is an investment whose value and returns fluctuate; the past is not indicative of the future. These securities are offered by a prospectus containing important detailed information about them, including costs.
  - I have received the Prospectus in force.
  - I authorize Fondation to verify my identity whenever required by law by using an independent and reliable identification product, or by resorting to any other method provided by law

#### CONSENTS

- I have read and understood the consent granted on the reverse side regarding the collection, use and communication of my personal information and I agree.
- I have read and understood the consent on the back authorizing Fondation or its registrar and trustee, Viaction, to send me certain documents electronically, and I accept:  Yes  No

**X** \_\_\_\_\_  Date Signature of Shareholder  
**X** \_\_\_\_\_  Date Signature of Contributing spouse

#### Fondation Representative

RF Number RF Last Name \_\_\_\_\_ RF First Name \_\_\_\_\_ **X** \_\_\_\_\_  Date RF Signature

Attach a cheque specimen here

## CONSENT FOR THE COLLECTION, USE AND COMMUNICATION OF PERSONAL INFORMATION\*

1. Fondaction and Viaction are subject to An Act Respecting the Protection of Personal Information in the Private Sector and adhere to the confidentiality rules contained therein with regard to my personal information.
2. I recognize that the information provided in this application, including my social insurance number, is needed to verify my identity; to provide, on an ongoing basis, the benefits to which I am entitled, to prevent errors and fraud, and to meet legal requirements.
3. I understand that only employees or agents of Fondaction and Viaction qualified to know this information and who need access to it to carry out their duties or fulfill their mandate will have access to it.
4. Subject to the above limitations, I consent to Fondaction and Viaction communicating and using my personal information to establish and maintain my contractual relation with them.
5. In the case of a workplace subscription application, I authorize Fondaction to transmit this application to my employer and ask the latter to provide to Fondaction a statement including my name, address, date of birth and social insurance number.
6. My consent is valid for the period necessary to establish and maintain my contractual relation with Fondaction and Viaction.
7. I understand that I may see the contents of my file at Fondaction and Viaction and, where applicable, ask that inaccurate, incomplete, ambiguous or illegally obtained information be corrected by submitting a written request directly to Fondaction or Viaction:

### Fondaction

2175 De Maisonneuve Boulevard East, Suite 103t  
Montreal, Quebec, H2K 4S3

### Viaction Assurance Inc

2175 De Maisonneuve Boulevard East, Suite 210  
Montreal, Quebec, H2K 4S3

\*This consent constitutes notice under section 8 of An Act Respecting the Protection of Personal Information in the Private Sector.vé.

## CONSENT FOR THE ELECTRONIC TRANSMISSION OF DOCUMENTS

1. Any other document or information not prescribed by statute or regulation applicable to Fondaction or Viaction regarding its operations, products and services, business, or relations with its shareholders.
  - a. Statements of investment
  - b. Transaction confirmation, if provided by Fondaction
  - c. Confirmation of the number of shares held and the amounts paid
  - d. Prospectus in effect, when required
  - e. Annual financial reports\*
  - f. Interim financial reports\*
  - g. Relevés 10
  - h. Documents related to powers of attorney
  - i. Any other document or information not prescribed by statute or regulation applicable to Fondaction or Viaction regarding its operations, products and services, business, or relations with its shareholders.
2. All documents transmitted electronically will be:
  - a. Sent by e-mail to the e-mail address provided in Section 2 of the Application and Subscription form or
  - b. Placed in my on-line account on the Fondaction Web site ([www.fondaction.com](http://www.fondaction.com)) and Fondaction will send me an e-mail entitled "Electronic deposit of a document" notifying me that a document was sent, the type of document and the way to find it on the site.
3. I acknowledge that, upon request, I may receive from Fondaction a paper copy of any document sent electronically at no additional charge.
4. I understand that I will receive a paper copy of any document normally sent electronically should the electronic delivery system not work properly.
5. I understand that I am not required to consent to the electronic transmission of documents and that my consent may be revoked or amended at any time, including the email

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\* Financial reports include audited financial statements which contain the notes and auditor's report, management discussion and analysis, statement of development capital investments, at cost, statement of other investments and the index of the share of Fondaction in investments made by the specialized or partners funds, at cost.

## WARNING REGARDING THE USE OF LOANS

Using borrowed money to finance the purchase of securities involves greater risk than a purchase using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan and pay the interest as required under its terms remains the same regardless of whether the securities increase or decrease in value.

# FONDACTION.COM

## WHAT YOU WILL FIND THERE

### YOUR ON-LINE ACCOUNT:

Your on-line account is only a few clicks away!

You may:

- ➔ Access your account balance
- ➔ Access your statement of transactions
- ➔ Access your RL Slips
- ➔ Update or change your address

1- Go to [fondaction.com](http://fondaction.com)

2- Click on **ACCÉDER À VOTRE COMPTE**

3- Click on **S'INSCRIRE** to obtain your user ID and password

### INFORMATION ON:

- ➔ How to save for retirement
- ➔ How to manage your account
- ➔ How to make the most of your RRSP

### ELIGIBILITY FOR TAX CREDITS

**In order to be eligible for the tax credits, you must answer "no" to the four following questions.**

(For a spousal RRSP, your spouse and yourself must answer «no» to all questions)

	Yes	No
<b>Age:</b> Are you at least 65 years old, or will you turn 65 by the end of the year?		
<b>Retirement:</b> Have you ever redeemed shares in a labour-sponsored fund for retirement?		
<b>Disability:</b> Have you ever redeemed shares in a labour-sponsored fund because of total or permanent disability?		
<b>Income:</b> If you are receiving a retirement income, in addition to this one, is your employment or business income lower than \$3,500?		

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[fondaction.com](http://fondaction.com)