

REQUEST FOR REDEMPTION AFTER THE DECEASE OF THE SHAREHOLDER

(REGISTERED CLASS "A" SHARES)

Section 1: Identification

SHAREHOLDER		EXECUTOR OR AUTHORIZED PERSON	
Last name and first name		Last name and first name	
Address AAAA MM JJ		Address	
Date of birth(year/month/day)		Telephone	
Telephone (home)	Telephone (work)	Cellphone	
Membership number			

The above-mentioned person is deceased and the legitimate heir(s) named below request that Fondation redeem the shares in the Fondation RRSP that the shareholder bequeathed to such heir(s), and further submit the proof indicated below in support hereof.

Section 2: Documents to be attached to the request

I am enclosing with my request **ONE** proof of death (check the appropriate box):

- Death certificate issued by the Registrar of Civil Status **OU**
 Attestation of death issued by the funeral home **OR**
 Attestation of death issued by a thanatologist **OU**
 Attestation of death issued by a doctor or peace officer

THE SURNAME, FIRST NAME AND SOCIAL INSURANCE NUMBER OF EACH HEIR, HIS/HER RELATIONSHIP TO THE SHAREHOLDER, IF ANY, AND HIS/HER DUE PORTION OF SHARES:

	Surname, first name and address of heirs	Relationship	S.I.N.	Date of birth	Portion of shares bequeathed
1.				AAAA MM JJ	
2.				AAAA MM JJ	
3.				AAAA MM JJ	

I am also enclosing with my request proof that each of the above-mentioned persons legally inherited shares (check the appropriate box):

- Designation as irrevocable beneficiary in the shareholder's Application and Subscription Form **OR**
 Designation as revocable beneficiary in the shareholder's Application and Subscription Form **AND** either of the following as proof of non-revocation of the beneficiary
 Copy of will **OR**
 Copy of marriage contract containing a testamentary clause **AND**
 Search certificates from Quebec's register of testamentary provisions and mandates

Section 3: Signature

Signature of the executor or the authorized person X	Date AAAA MM JJ
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Section 4: For administrative use only

Action requested of SSQ-Vie by Fondation	Date and signature
Reason 03 This request, received on....., has been approved. Please process this request: <input type="checkbox"/> today or <input type="checkbox"/> on, 20..... Please redeem: the entirety <input type="checkbox"/> OR <input type="checkbox"/> shares and/or \$..... at the <input type="checkbox"/> current value or <input type="checkbox"/> new value <input type="checkbox"/> Issue a cheque to <input type="checkbox"/> the estate <input type="checkbox"/> heir 1, <input type="checkbox"/> heir 2, <input type="checkbox"/> heir 3 named above for his/her portion of the redemption proceeds less the inactivity fee, if applicable, and send it to him/her <input type="checkbox"/> to the address indicated <input type="checkbox"/> to the Fondation office a cheque for the redemption proceeds less the inactivity fee <input type="checkbox"/> transfer the proceeds of the redemption of the assets inherited by <input type="checkbox"/> the spouse <input type="checkbox"/> the child/grandchild as stipulated in Annex A <input type="checkbox"/> close the shareholder's account	Prepared by: Approved by:

03RA1

2020-03-25

Please print the form, sign it and send it back to us by mail, or, scan it and sent it to us by e-mail.

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ANNEX A - TRANSFER REQUEST

SHAREHOLDER

Last and first name

Address AAAA | MM | JJ

Date of birth (year/month/day)

Phone (home)

Phone (work)

Membership number

E-mail

I am:

- the spouse of the deceased
- financially dependent child of the deceased*
- financially dependent grandchild of the deceased*

* You will have to prove that you were a dependent child of the shareholder at the time of his death.

* I am not the shareholder's spouse and to prove that I was dependent of the deceased, I enclose (please specify):

.....
I inherited:

- all the estate of the Fondation RRSP from the deceased
- a part of the estate of the Fondation RRSP from the deceased

I ask the trustee to transfer the proceeds of the redemption according:

- to the instruction on the attached transfer form **OR**
- to the retirement plan below:

Plan name

Plan number

Financial institution

Address

Heir's signature

X

Date

AAAA | MM | JJ

Please print the form, sign it and send it back to us by mail, or, scan it and sent it to us by e-mail.