

**REQUEST FOR REDEMPTION FOR A SEVERE AND PROLONGED DISABILITY  
RESULTING IN PERMANENT UNFITNESS FOR WORK  
(REGISTERED CLASS "A" SHARES)**

**Section 1 : Identification**

SHAREHOLDER

\_\_\_\_\_  
Last and first name

\_\_\_\_\_  
Address AAAA | MM | JJ

\_\_\_\_\_  
Date of birth (year/month/day)

\_\_\_\_\_  
Phone (home)

\_\_\_\_\_  
Phone (work)

\_\_\_\_\_  
Membership number

\_\_\_\_\_  
E-mail

**Section 2 : Choice**

**I ask Fondation to redeem (check off the appropriate box) :**

- all class "A" shares
- a sufficient number of class "A" shares to allow me to receive an **amount** of \$ .....

**Section 3 : Documents to be attached to the request**

**I hereby provide proof that I suffer from a severe and prolonged disability rendering me incapable of gainful occupation by submitting together with my request (check the appropriate box):**

- Notice of acceptance from the Régie des rentes du Québec **OR**
- Proof of payment of a permanent disability pension by the CSST (cheque stub, payment statement) **OR**
- Recent medical report declaring total and permanent disability **OR**
- Other(specify) .....

**Section 4 : Payment method**

**For all redemptions, including this redemption, I want the trustee to :**

- deposit the funds directly to my financial institution (attach a personal cheque marked "VOID")  
Name of institution: \_\_\_\_\_
- transfer the proceeds of the redemption according to  the instructions on the attached transfer Form **or**  the information below:  
\_\_\_\_\_

\_\_\_\_\_  
Plan name          Plan number          Financial institution          Address

- issue a cheque for the proceeds of the redemption, net of inactivity fees, if applicable, and send it to the above address

**Section 5 : Signature**

\_\_\_\_\_  
Shareholder'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.