

## SHARE PURCHASE REQUEST BY FONDATION FOR PENSION CREDITS

(CLASS « A » SHARES SERIES 1 –REGISTERED ACCOUNT OR OU SERIES 2 – NON-REGISTERED ACCOUNT)

### SECTION 1 : IDENTIFICATION

#### SHAREHOLDER

LAST NAME AND FIRST NAME :

DATE OF BIRTH (year/month/day) :

ADDRESS :

TELEPHONE :

EMAIL :

MEMBERSHIP NUMBER:

### SECTION 2 : PURCHASE

<b>NUMBER OF SHARES</b>	<p><b>I request Fondation to buy :</b></p> <p><input type="checkbox"/> All my shares held for at least two (2) years, <b>OR</b></p> <p><input type="checkbox"/> A sufficient number of my shares held for at least two (2) years to allow me to transfer an amount of \$ _____</p>
<b>DATE OF PURCHASE OF SHARES</b>	<p><input type="checkbox"/> Immediately</p> <p><input type="checkbox"/> For the date of  A , A , A , A   M , M   D , D  </p>

### SECTION 3 : DOCUMENTS

<b>DOCUMENTS TO BE ATTACHED</b>	<p><b>I am enclosing with my request the following mandatory documents :</b></p> <p><input type="checkbox"/> Copy of the redemption offer for years of past service Acceptance by the plan administrator stating that a direct transfer is allowed for the acquisition of additional pension credits</p> <p><input type="checkbox"/> All my financial institutions' solemn declaration(s)</p> <p><input type="checkbox"/> Consent to the use and disclosure of information</p> <p><input type="checkbox"/> Transfer form (T-2033 or instructions from the pension plan)</p>
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### SECTION 4 : PAYMENT

<b>PAYMENT</b>	I ask Fondation to transfer the proceeds of disposition according to the instructions of the attached transfer form.
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**SECTION 5 : DECLARATION AND SIGNATURE**

*I solemnly declare that the information provided in this form and in the documents enclosed with this application is correct and complete. I also declare that all my investments, including RRSPs and LIRAs, have been cashed or, alternatively, cannot be cashed.*

*I understand and agree that I will not be able to acquire any new shares for a period of one (1) year from the date of this request.*

***For non-registered accounts (Class A Shares - Series 2)***

*I acknowledge that the amounts payable in consideration for the purchase of my shares may result in a capital gain or loss that must be taken into account and this may add to or reduce my taxable income.*

**SIGNATURE (S)**

Shareholder signature

Date

X

| A . A . A . A | M . M | D . D |

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

**SHARE PURCHASE REQUEST BY FONDATION  
 CONSENT TO THE USE AND DISCLOSURE OF INFORMATION**

SHAREHOLDER	SHAREHOLDER'S SPOUSE
LAST NAME AND FIRST NAME :	LAST NAME AND FIRST NAME : _____
ADDRESS :	ADDRESS : _____
MEMBERSHIP NUMBER :	

**CONSENT**

*I hereby authorize Fondation to collect the information required to evaluate my request to purchase my shares from any person concerned.*

*I authorize the contacted person to communicate such information to Fondation, this being valid even if the information concerns a closed or inactive file. I further agree that Fondation may communicate to any possible lender, personal information officer, coborrower or possible guarantor any information that it shall deem appropriate concerning this request.*

SHAREHOLDER'S SIGNATURE	
Signature	Date
X _____	A . A . A . A   M . M   D . D

SHAREHOLDER'S SPOUSE SIGNATURE <sup>(1)</sup>	
Signature	Date
X _____	A . A . A . A   M . M   D . D

<sup>(1)</sup> If the financial situation of the spouse is also assessed.

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

**SOLEMN DECLARATION BY THE SHAREHOLDER'S FINANCIAL INSTITUTION WITHIN THE FRAMEWORK OF THE BUYBACK OF PENSION CREDITS**

<b>SHAREHOLDER</b>
LAST NAME AND FIRST NAME :
ADDRESS :
MEMBERSHIP NUMBER :

Please have this solemn declaration completed by the financial institution where you have an account or one or more investments, including LIRAs and RRSPs.

**We hereby confirm the absence of a redeemable investment at our financial institution.**  
*(An investment is considered redeemable even if its withdrawal generates costs or a loss of return.)*

**We hereby confirm that all the investments held at our institution shall be used within the buyback of pension credits.**

Amount transferred: \$ \_\_\_\_\_ Date of transfer (year/month/day) : \_\_\_\_\_

**We hereby confirm that the investment or investments held at our financial institution cannot be used within the framework of the buyback of pension credits.**

Reason: \_\_\_\_\_

Account No. _____	Balance \$ _____
Account No. _____	Balance \$ _____
Account No. _____	Balance \$ _____

**We are providing a financial profile or picture of the assets and liabilities held by the shareholder.**

\_\_\_\_\_  
 Name of financial institution

\_\_\_\_\_  
 Last name and first name of the person responsible for the file

\_\_\_\_\_  
 Address City Postal code

\_\_\_\_\_  
 Phone Fax Email

**SIGNATURE**

*I certify that the information provided is accurate.*

**Signature of the person responsible for the file**

**Date**

X \_\_\_\_\_

| A . A . A . A | M . M | D . D |

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