

SHARE PURCHASE REQUEST BY FONDATION FOR TERMINAL ILLNESS

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

SECTION 1 : IDENTIFICATION

SHAREHOLDER	PERSON SUFFERING FROM TERMINAL ILLNESS
LAST NAME AND FIRST NAME :	<input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD
DATE OF BIRTH (year/month/day) :	
ADDRESS :	
TELEPHONE :	IF SPOUSE OR DEPENDENT CHILD
EMAIL :	LAST NAME AND FIRST NAME : _____
MEMBERSHIP NUMBER :	

SECTION 2 : PURCHASE

NUMBER OF SHARES	I request Fondation to buy :
	<input type="checkbox"/> All my shares <input type="checkbox"/> A sufficient number of my shares to allow me to transfer an amount of \$ _____ BEFORE tax retention, OR <input type="checkbox"/> A sufficient number of my share to allow me to transfer an amount of \$ _____ AFTER tax retention
DATE OF PURCHASE OF SHARES	<input type="checkbox"/> Immediately <input type="checkbox"/> For the date of [A, A, A, A M, M D, D]

SECTION 3 : DOCUMENTS

DOCUMENTS TO BE ATTACHED	I am enclosing with my request the following mandatory document concerning the person suffering from terminal illness :
	<input type="checkbox"/> Confirmation from the attending physician confirming the terminal illness

SECTION 4 : PAYMENT

PAYMENT	I ask Fondation to :
	<input type="checkbox"/> deposit the funds directly to my account at my financial institution <i>(attach a personal cheque marked « VOID »)</i> Name of institution : _____
	<input type="checkbox"/> issue a cheque to my attention and send it to the address indicated in Section 1 _____
	<input type="checkbox"/> transfer the proceeds of the redemption according to the instructions on the transfer form (to be attached) , OR
	<input type="checkbox"/> transfer the proceeds of the redemption according to the instructions below :
	Plan name Plan number Name of financial institution Address

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 hereby certify that, where applicable, the person with the terminal illness is myself, my spouse or my dependent child within the meaning of the Quebec Taxation Act.

I understand and agree that I will not be able to acquire any new shares except if the purchase is asked for a spouse or a dependent child. In this case, the delay to acquire any new shares is a period of one (1) year from the date of this request.

For registered accounts (Class A Shares - Series 1)

I acknowledge that the amounts payable in exchange for the purchase of my shares are in addition to my taxable income or that of my spouse, if any, and that Fondation will also have to withhold any applicable taxes on these sums, as provided for by law.

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 J . J

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.