

**SHARE PURCHASE REQUEST BY FONDATION
 FOR AN EXTRAORDINARY AND UNEXPECTED, BUT NECESSARY HEALTH EXPENSE**
 (CLASS « A » SHARES SERIES 1 –REGISTERED ACCOUNT OR SERIES 2 – NON-REGISTERED ACCOUNT)

SECTION 1 : IDENTIFICATION

SHAREHOLDER	INFORMATION RELATING TO THE EXPENSE
LAST NAME AND FIRST NAME :	DESCRIPTION :
DATE OF BIRTH (year/month/day) :	TOTAL EXPENSE : \$
ADDRESS :	WILL IT BE REFUNDED BY AN INSURER ?
TELEPHONE :	<input type="checkbox"/> NO
EMAIL :	<input type="checkbox"/> YES
MEMBERSHIP NUMBER :	SHAREHOLDER'S SPOUSE (IF APPLICABLE)
	LAST NAME AND FIRST NAME :

SECTION 2 : REASON FOR THE REQUEST

I request Fondation to purchase all the shares required to pay an extraordinary and unexpected expense :

Necessary for my health, **OR**
 Necessary for my spouse's health, **OR**
 Necessary for the health of my dependent, **OR**
 ---Specify first name, last name and relationship of this person with you : _____
 Necessary for the health of a dependent of my spouse
 ---Specify first name, last name and relationship of this person with your spouse: _____

SECTION 3 : DOCUMENTS

DOCUMENTS TO BE ATTACHED	<p>I am enclosing with my request all the mandatory documents for me and my spouse if applicable :</p> <p><input type="checkbox"/> Recent proof of confirmation from a recognized health professional of the need for care <input type="checkbox"/> Proof of the expense demonstrating its unexpected and extraordinary nature <input type="checkbox"/> Proof of the absence of indemnification or partial indemnification from an insurer (where appropriate) <input type="checkbox"/> Solemn declaration(s) of all my financial institutions For an expense necessary for the health of my spouse or a dependent of my spouse: solemn declaration(s) of all his (her) institutions <input type="checkbox"/> Consent to the use and disclosure of information</p>
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SECTION 4 : PAYMENT

PAYMENT	I ask Fondation to issue a cheque equal to the amount required to pay the expense or a substantial part of it jointly written to my attention and that of the creditor if applicable and mail it to the above address.
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SECTION 5 : DECLARATION AND SIGNATURE

I solemnly declare that the decrease in my personal income has lasted for two consecutive (2) months and that all the information I have provided is accurate to the best of my knowledge. I also declare that all my investments, and those of my spouse, if any, 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 registered accounts (Class A Shares - Series 1)

I acknowledge that the amounts payable in exchange for the purchase of my shares are to be added to my taxable income or to my spouse's taxable income, as applicable, 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's signature	Date
X _____	A . A . A . A M . M D . D

Signature of the shareholder's spouse (if applicable)	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 ⁽¹⁾	
Signature	Date
X _____	A . A . A . A M . M D . D

⁽¹⁾ 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 FINANCIAL INSTITUTION OF THE SHAREHOLDER OR HIS/HER SPOUSE

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

Please have this solemn declaration completed by all financial institutions where you or your spouse have one or more investments or banking accounts.

Account holder name : _____

Account number of your client : _____

Account balance : \$ _____

We confirm the absence of redeemable investments in our financial institution.
(An investment is considered redeemable even if its withdrawal leads to costs or a loss of return)

AND

We provide this declaration with a financial profile of assets and liabilities held in your financial institution for the shareholder or his (her) spouse.

 Name of the financial institution

 Last name and first name of the person in charge of the file

_____	_____	_____
Address	City	Postal Code

_____	_____	_____
Telephone	Fax	Email

SIGNATURE
I certify that the information provided is accurate.
Signature of the person in charge on 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.