

**SHARE PURCHASE REQUEST BY FONDATION
 FOR A DECREASE OF 30% OR MORE IN THE PRE-TAX FAMILY INCOME FOR A MINIMUM PERIOD
 OF TWO MONTHS CAUSED BY THE DISSOLUTION OF A UNION**

(CLASS "A" SHARES SERIES 1 - REGISTERED ACCOUNT OR SERIES 2 - NON-REGISTERED ACCOUNT)

SECTION 1 : IDENTIFICATION

SHAREHOLDER	DATE OF DISSOLUTION OF THE UNION
LAST NAME AND FIRST NAME :	A , A , A , A M , M D , D
DATE OF BIRTH (year/month/day) :	
ADDRESS :	DATE OF DECREASE IN INCOME
	A , A , A , A M , M D , D
TELEPHONE :	EX SHAREHOLDER SPOUSE
EMAIL :	LAST NAME AND FIRST NAME : _____
MEMBERSHIP NUMBER :	

SECTION 2 : PURCHASE

NUMBER OF SHARES	<p>I request Fondation to buy (the amount cannot exceed \$ 15,000 after tax retention) :</p> <p><input type="checkbox"/> All my shares held before the dissolution of the union , OR</p> <p><input type="checkbox"/> A sufficient number of my shares held before the dissolution of the union for an amount of \$ _____ BEFORE tax retention, OR</p> <p><input type="checkbox"/> A sufficient number of my shares held before the dissolution of the union for an amount of \$ _____ AFTER tax retention.</p>
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SECTION 3 : DOCUMENTS

DOCUMENTS TO BE ATTACHED	<p>I am enclosing with my request all the mandatory documents :</p> <p><input type="checkbox"/> One of the following proving that the dissolution of the union occurred less than a year ago</p> <ul style="list-style-type: none"> - Confirmation of the dissolution of the union by notary, a lawyer or a mediator, OR - Proof of the change in marital status with the Canada Revenue Agency, OR - Divorce judgment, OR - Agreement on corollary relief <p><input type="checkbox"/> Proof of the pre-tax family income BEFORE the decrease in income</p> <p><input type="checkbox"/> Proof of all the shareholder's pre-tax income during the period of decreased income for two (2) full consecutive months</p> <p><input type="checkbox"/> Solemn declaration(s) of all my financial institutions</p> <p><input type="checkbox"/> Consent to the use and disclosure of information</p>
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SECTION 4 : PAYMENT

PAYMENT	<p>I ask Fondation :</p> <p><input type="checkbox"/> Deposit the funds directly to my account at my financial institution <i>(attach a personal cheque marked "VOID")</i></p> <p>Name of institution : _____</p> <p><input type="checkbox"/> Issue a cheque to my attention and send it to the above address</p>
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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, 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

Sharholder's 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 REUEST BY FONDATION
CONSENT TO THE USE AND DISCLOSURE OF INFORMATION**

SHAREHOLDER
LAST NAME AND FIRST NAME :
ADDRESS :
MEMBERSHIP NUMBER :

CONSENT

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

SIGNATURE	
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.

SOLEMN DECLARATION BY THE FINANCIAL INSTITUTION OF THE SHAREHOLDER

SHAREHOLDER
LAST NAME AND FIRST NAME :
ADDRESS :
MEMBERSHIP NUMBER :

Please have this solemn declaration completed by all financial institutions where you 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.

 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>I certify that the information provided is accurate.</i>	
Signature of the person in charge of 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.