

SHARE PURCHASE REQUEST BY FONDATION FOR A DECREASE OF 20% OR MORE IN THE AFTER-TAX FAMILY INCOME FOR THE SHAREHOLDER OR HIS/HER SPOUSE

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

SECTION 1 : IDENTIFICATION

SHAREHOLDER	DECREASE IN INCOME
LAST NAME AND FIRST NAME :	<input type="checkbox"/> SHAREHOLDER
DATE OF BIRTH : AAAA MM JJ	<input type="checkbox"/> SPOUSE
ADDRESS :	IF FOR SHAREHOLDER'S SPOUSE
TELEPHONE :	LAST NAME AND FIRST NAME : _____
EMAIL :	DATE OF DECREASE IN INCOME
MEMBERSHIP NUMBER :	A . A . A . A M . M D . D

SECTION 2 : PURCHASE

NUMBER OF SHARES	<p>I request Fondation to buy (the amount cannot exceed \$5,000 after tax withholding or the total account value provided this value is less than \$10,000) :</p> <p><input type="checkbox"/> All my shares held before the decrease in income, OR</p> <p><input type="checkbox"/> A sufficient number of my shares held before the decrease in income for an amount of \$ _____ BEFORE tax withholding OR</p> <p><input type="checkbox"/> A sufficient number of my shares held before the decrease in income for an amount of \$ _____ AFTER tax withholding</p>
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SECTION 3 : DOCUMENTS

DOCUMENTS TO BE ATTACHED	<p>I am enclosing with my request all the mandatory documents (join the same documents for your spouse if it is a decrease in his/her income)</p> <p><input type="checkbox"/> Documents proving the occurrence of the triggering event and establishing that the decrease in after-tax income has lasted for at least two consecutive months</p> <p><input type="checkbox"/> Loss of employment or the end of a sole contract</p> <p>- Proof of a loss of last job or of the end of a single contract under which the shareholder or the shareholder's spouse worked for a minimum of 28 hours a week for at least two months</p> <p><input type="checkbox"/> Involuntary reduction in hourly rates or regular work hours</p> <p>- Confirmation from the employer of the involuntary reduction in the hourly rate or regular hours for a minimum period of two consecutive months</p> <p><input type="checkbox"/> Reduction or termination of benefits</p> <p>- Proof of the reduction or termination of benefits for a minimum of two consecutive months</p> <p><input type="checkbox"/> Proof of after-tax income from all sources BEFORE the decrease in income</p> <p><input type="checkbox"/> Proof of all the shareholder's 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, 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

Shareholder's spouse signature (if applicable)	Date
X _____	A . A . A . A M . M D . D

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.

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

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

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 X _____	Date A . A . A . A M . M D . D

SHAREHOLDER'S SPOUSE SIGNATURE ⁽¹⁾	
Signature X _____	Date 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 send it back to us by mail, or, scan it and sent 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 send it back to us by mail, or, scan it and sent it to us by e-mail.

SECTION 1: SHAREHOLDER IDENTIFICATION

 LAST NAME, FIRST NAME: _____
 DATE OF BIRTH: _____ AAAA | MM | JJ

SECTION 2: INVESTMENTS

 Do you have any investments at another financial institution? Yes No

If yes, enter the investment value _____ \$ Financial institution: _____

 Do you own any Fonds de solidarité FTQ shares? Yes No

If yes, enter the value of your shares _____ \$

SECTION 3: OTHER INCOME

 Do you receive any income derived from self-employment? Yes No

 If yes, enter the amount _____ \$ and frequency: _____
 Please provide form TP-80 included with your provincial tax return.

 Do you receive any rental income? Yes No

 If yes, enter the amount _____ \$ and frequency: _____
 Please file provide TP-128 included with your provincial tax return.

 Do you receive a retirement or survivor's pension? Yes No

 If yes, enter the amount _____ \$ and frequency: _____
 Please provide proof of this income.

 Do you receive any support payments? Yes No

 If yes, enter the amount _____ \$ and frequency: _____
 Please provide proof of this income.

SECTION 4: DECLARATION AND SIGNATURE
I solemnly declare that the information provided in this form is correct and complete.

Shareholder's signature X	Date AAAA MM JJ
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