

## SHARE PURCHASE REQUEST BY FONDATION FOR AN INVOLUNTARY DECREASE OF 20% OR MORE IN THE SHAREHOLDER OR SHAREHOLDER'S SPOUSE INCOME DERIVED FROM SELF-EMPLOYMENT

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

### SECTION 1 : IDENTIFICATION

SHAREHOLDER	DECREASE OF INCOME
LAST NAME AND FIRST NAME :	<input type="checkbox"/> SHAREHOLDER
DATE OF BIRTH (year/month/day) :	<input type="checkbox"/> SPOUSE
ADDRESS :	<b>IF FOR SHAREHOLDER'S SPOUSE</b>
TELEPHONE :	LAST NAME AND FIRST NAME : _____
EMAIL :	<b>DATE OF DECREASE IN INCOME</b>
MEMBERSHIP NUMBER :	A , A , A , A   M , M   D , D

### SECTION 2 : PURCHASE

<b>NUMBER OF SHARES</b>	<b>I request Fondation to buy (the amount cannot exceed \$15,000 after tax withholding) :</b>
	<input type="checkbox"/> All my shares held before the decrease in income, <b>OR</b>
	<input type="checkbox"/> A sufficient number of my shares held before the decrease in income for an amount of \$ _____ <b>BEFORE</b> tax withholding, <b>OR</b>
	<input type="checkbox"/> A sufficient number of my shares held before the decrease in income for an amount of \$ _____ <b>AFTER</b> tax withholding

### SECTION 3 : DOCUMENTS

<b>DOCUMENTS TO BE ATTACHED</b>	<b>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)</b>
	Confirmation from clients of the cancellation, termination or reduction in the number of contracts, as the case may be
	Recent proof of all after-tax income during the period of involuntary decrease in income for six full consecutive months
	<input type="checkbox"/> Proof of all after-tax income during the same period in the previous year
	<input type="checkbox"/> Statements for the last six (6) months and up to date of all my bank accounts
	<input type="checkbox"/> Solemn declaration(s) of all my financial institutions
<input type="checkbox"/> Consent to the use and disclosure of information	

### SECTION 4 : PAYMENT

<b>PAYMENT</b>	<b>I ask Fondation to :</b>
	<input type="checkbox"/> deposit the funds directly to my account at my financial institution (attach a personal cheque marked « VOID »)
	Name of institution : _____
<input type="checkbox"/> issue a cheque to my attention and send it to the address indicated in Section 1	

**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 further declare that the decrease in income continues on the date hereof, that the decrease is involuntary and non cyclical and that all my investments and, in the event of a decrease in my spouse's income, those of my spouse, 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 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)**

<b>Shareholder signature</b>	<b>Date</b>
X _____	A . A . A . A   M . M   D . D

<b>Shareholder's spouse signature (if applicable)</b>	<b>Date</b>
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 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.