

**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
 SUBSEQUENT PAYMENT AFTER A SIX-MONTH INTERVAL SINCE THE PREVIOUS REQUEST
 (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 : Y Y Y Y M M D D	<input type="checkbox"/> SPOUSE
ADDRESS :	IF FOR SHAREHOLDER'S SPOUSE
TELEPHONE :	LAST NAME AND FIRST NAME : _____
EMAIL :	DATE OF DECREASE IN INCOME
MEMBERSHIP NUMBER :	Y Y Y Y M M D D

SECTION 2 : PURCHASE

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

SECTION 3 : DOCUMENTS

DOCUMENTS TO BE ATTACHED	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)
	<input type="checkbox"/> Recent proof of all after-tax income during the period of involuntary decrease in income for six full consecutive months
	<input type="checkbox"/> Statements for the last six (6) months and up to date of all my bank accounts

SECTION 4 : PAYMENT

PAYMENT	I ask Fondation to :
	<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)

Shareholder signature	Date
X _____	Y Y Y Y M M D D

Shareholder's spouse signature (if applicable)	Date
X _____	Y Y Y Y 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.