

**SHARE PURCHASE REQUEST BY FONDATION  
 FOR A DECREASE OF 30% OR MORE IN THE SHAREHOLDER'S OR SHAREHOLDER'S SPOUSE'S INCOME  
 CAUSED BY A TEMPORARY DISABILITY  
 SUBSEQUENT PAYMENT AFTER A TWO-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 (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>	<p><b>I request Fondation to buy (the amount cannot exceed \$5,000 after tax withholding) :</b></p> <p><input type="checkbox"/> All my shares held before the decrease in income, <b>OR</b></p> <p><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></p> <p><input type="checkbox"/> A sufficient number of my shares held before the decrease in income for an amount of \$ _____ <b>AFTER</b> tax withholding</p>
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**SECTION 3 : DOCUMENTS**

<b>DOCUMENTS TO BE ATTACHED</b>	<p><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></p> <p>Medical certificate confirming that the disability persists at the time of submitting the request (minimum period of two consecutive months)</p> <p><input type="checkbox"/> Proof of all the shareholder's income for two (2) full consecutive months</p>
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**SECTION 4 : PAYMENT**

<b>PAYMENT</b>	<p><b>I ask Fondation :</b></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 ET 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)**

<b>Shareholder's 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.