

**SHARE PURCHASE REQUEST BY FONDATION
 FOR THE LIFELONG LEARNING PLAN (LLP)
 (CLASS "A" SHARES SERIES 1 – REGISTERED ACCOUNT)**
SECTION 1 : SHAREHOLDER IDENTIFICATION

SHAREHOLDER	FULL-TIME STUDENT
LAST NAME AND FIRST NAME :	<input type="checkbox"/> SHAREHOLDER
DATE OF BIRTH (year/month/day) :	<input type="checkbox"/> SPOUSE
ADDRESS :	IF SHAREHOLDER'S SPOUSE
TELEPHONE :	FIRST NAME AND LAST NAME : _____
EMAIL :	PROGRAM OF STUDY
MEMBERSHIP NUMBER :	EDUCATION UNDERTAKEN : _____
	DATE OF ENROLLMENT (year/month/day) : _____
	DURATION OF THE STUDIES : _____

SECTION 2 : PURCHASE

I request Fondation to buy (to the maximum amount permitted by the LLP) :

NUMBER OF SHARES	<input type="checkbox"/> all my shares held for at least ninety (90) days and subscribed before the return to school, OR <input type="checkbox"/> a sufficient number of shares held for at least ninety (90) days and subscribed before the return to school for an amount of \$ _____
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SECTION 3 : DOCUMENTS REQUIRED

DOCUMENTS TO BE ATTACHED	<p>I am enclosing with my request the following documents concerning the student :</p> <input type="checkbox"/> Proof of enrollment in a program of study offered in a designated educational institution requiring at least 3 months of full-time schooling (specifying the full-time status, and the program start date and duration) <input type="checkbox"/> Statement of tuition fees, including proof that 50% of the fees have been paid or that a minimum of \$500 has been paid <input type="checkbox"/> The Canada Revenue Agency form, completed and signed (RC96)
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SECTION 4 : PAYMENT

PAYMENT	<p>I request that Fondation :</p> <input type="checkbox"/> proceed with a direct deposit in my account at my financial institution <i>(enclose a void personalized cheque)</i> Name of the institution : _____ <input type="checkbox"/> make a cheque payable to me and mail it to the address entered in Section 1
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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 declare that I qualify for the LLP. Should it be deemed that I did not qualify, I will be solely responsible for the applicable tax consequences. If, in addition to this request, I present a request for an LLP to another institution or issuer, I will be solely responsible for ensuring that the total of the LLP withdrawals made will not exceed the maximum amounts permitted by the applicable tax laws.

I consent and undertake to reimbursing Fondation, within the prescribed time limit, the amounts withdrawn in accordance with the applicable tax laws. The repayments will have to be made to Fondation. If not, I will have to pay a special tax equivalent to the already obtained tax credit, as set out by the applicable tax laws.

I understand that the first payments made to Fondation during the years when a reimbursement is required will serve to acquire replacement shares.

For any amount exceeding the minimum reimbursement required, I will have to inform Fondation of my intention to reimburse an amount greater than the minimum required amount. If not, it will be considered as a new contribution and will qualify for a tax credit.

SIGNATURE (S)

Shareholder's signature	Date
X _____	A . A . A . A M . M D . D

Signature of the shareholder's spouse (if applicable)	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.