FONDACTION
Donner du sens à l'argent.

Fondaction
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DIRECT SUBSCRIPTION: PRE-AUTHORIZED DEBIT PAYMENT

This form is intended for persons already participating in Fondaction

Contract number: _____ **Type of plan:** ☐ RRSP ☐ Spousal RRSP ☐ Non-registered

1. Personal Information

Last name _____ First name _____

Address _____ Apt. _____

E-mail _____ Social Insurance Number _____ Date of Birth Y Y Y Y M M D D

2. Pre-Authorized Debit Subsciption (PAD)

I hereby subscribe, in accordance with stipulated conditions, for Class A, Series 1 or Series 2 capital stock shares of Fondaction, le Fonds de développement de la Confédération des syndicats nationaux pour la coopération et l'emploi (Fondaction).

Your pre-authorized debit contributions will be debited from your financial institutions's bank account.

Amount (minimum $10): $ _____ **Date of first payment*:** Y Y Y Y M M D D

Frequency: ☐ Monthly ☐ Every two weeks ☐ Every week

*If no date is provided, payment will be made automatically on the first day of the month following receipt of this form. This date must be between the 1st and the 28th of the month.

Authorization

I, the undersigned, bank account holder:

- Authorize Fondaction, to withdraw from the following account the above-mentioned amount at the frequency selected;
- Authorize Fondaction to invoice me and debit any charges from my account if the pre-authorized debit payment cannot be processed as stipulated in this agreement, and I waive **my right to receive a written notice about the changes made to my next debit payment.**
- Authorize the financial institution below to deduct from my account the above-mentioned amount. This authorization may be revoked at any time upon my written notice, which must be sent to Fondaction 30 calendar days prior to the next scheduled pre-authorized payment;
- **Acknowledge receipt of a copy of this agreement and waive my right to receive a written notice before the first pre-authorized debit payment.**

Name of Account Holder _____ Name of Financial Institution _____

Name of Joint Account Holder (where applicable) _____ Transit _____ Institution _____ Account _____

Right to recourse

I have certain right to recourse should a debit payment not comply with this agreement. For example, I am entitled to receive a refund of any unauthorized debit payments or those that are not in compliance with this authorization. For more information about my right to recourse, on how to obtain a sample cancellation form or any other information on my right to cancel, I may contact my financial institution or visit www.payments.ca.

X _____ X _____

Signature of account Holder (mandatory) Signature of Joint Account Holder (where applicable)

3. Signature

- Fondaction may, at its sole discretion, accept all or part of the application and terminate it at any time.
- I have read the Prospectus in force.

X _____ Y Y Y Y M M D D

Signature of Shareholder Date

4. Fondaction Authorized Person

RF number _____ RF Last name _____ RF First name _____ Signature _____

This form duly completed, signed and sent to Fondaction, constitutes the original document