

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 Subscription (PAD) (attach a personalized check specimen marked "Null")

I hereby subscribe, in accordance with stipulated conditions, for Class A, Series 1 or Series 2 capital stock shares of Fondation, le Fonds de développement de la Confédération des syndicats nationaux pour la coopération et l'emploi (Fondation), and agree to pay applicable fees mentioned in the Prospectus.

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 Fondation, to withdraw from the following account the above-mentioned amount at the frequency selected;
- Authorize Fondation 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 Fondation 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.cdnpay.ca.

X

Signature of account Holder (mandatory) _____

X

Signature of Joint Account Holder (where applicable) _____

3. Signature

- Fondation 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

Signature of Shareholder _____

Date (Y,Y,Y,Y||M,M||D,D) _____

4. Fondation Authorized Person

RF number _____

RF Last name _____

RF First name _____

Signature _____

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