FONDS de solidarité FTQ

Authorization to Transmit Personal Information

Please print

Last name

First name

Address

Civic No. Street Apartment

City Province Postal Code

Telephone

E-mail

Social Insurance Number

OR

Personal Shareholder Number

P-

I, the undersigned, _____, hereby
Shareholder's name (block letters)

authorize the Solidarity Fund QFL (the "Fund") to transmit to

Desjardins Securities - Accounts Management
Name of individual or institution

born _____, in his/her capacity as cessionary of the account transfer
Year/Month/Day Block letters

any information this individual may request concerning my Fund investment.

This authorization is necessary in order to authorises Desjardins Securities.
Type or purpose of request

to follow up on my account transfer

By signing this form, I release the Fund from any liability regarding the manner in which the information obtained by the third party is used.

This authorization is valid for a period of thirty (30) days or until the completion of the tranfer,
Specify another period

as of the signature of this document.

Signed in _____, on _____
Year/Month/Day

Signature _____

FOR THE FUND'S USE ONLY

Confirmed by: _____ Date: _____
Agent's Name

Solidarity Fund QFL
P.O. Box 1000
Youville Station
Montréal, Québec H2P 2Z5
Telephone: 514 383-3663
Fax: 514 383-2501

Québec City:
Telephone: 418 628-3663
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