

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- | | | | | | | | | | | | | | | | | |

Authorization to Transmit Personal Information

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

authorize the Solidarity Fund QFL (the "Fund") to transmit to _____,
Name of individual or institution

born _____, in his/her capacity as _____,
Year/Month/Day Block letters

any information this individual may request concerning my Fund investment.

This authorization is necessary in order to _____,
Type or purpose of request

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 _____,
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:
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Fax: 418 622-2184

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Toll free fax: 1 888 383-2501
Web site: www.fondsftq.com