



Direct Withdrawal Authorisation Form

FOUMAN Trust (senc)
3660 Lorne cr. box "E"
Montréal (Qc) H2X 2B9

Account holder(s)

<i>Last name, first name of account holder(s)</i>	<i>Tel</i> ()
<i>Address</i>	
	<i>postal code</i>

Financial Institution

<i>Name of financial institution</i>	
<i>institution No.</i>	<i>transit No.</i>
—	
<i>Address</i>	
	<i>postal code</i>

Automatic Withdrawal Authorisation

I (we), the undersigned authorise FOUMAN Trust (senc) to effect monthly withdrawals from my (our) account no. _____, held at the Financial Institution. Each withdrawal corresponds to an amount of \$ _____, which can be modified without any other authorisation on my part. However, I (we) reserve the right to revoke this authorisation at any time by giving a (30) day prior written notice to FOUMAN Trust (senc) at 3660 Lorne cr. box "E", Montréal (Québec) H2X 2B9. I (we) discharge the Financial Institution from any and all responsibilities if the revocation is not respected, unless it was caused by gross negligence on its part. I (we) understand that the financial institution that holds my (our) account is not held responsible to verify that the withdrawals are in conformity with my instructions. I (we) certify that all account holders on my (our) account have signed this authorisation.

I (we) agree that, by submitting this authorisation form to FOUMAN Trust (senc), is equivalent to submitting it to the above-mentioned Financial Institution.

Signature of the account holder(s)

_____ Date: _____